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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

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# FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

## Section I

### Introduction

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#### ACCREDITATION PROGRAM

The Secretary of the Navy requires that each Fleet and Family Support Program (FFSP) be reviewed at a minimum every three years. In January 2003, the PERS-6 Program Manager approved the revised FFSP standards, which include the Family Advocacy Program and the accreditation process for FY-04 implementation. The revised accreditation program is a basic four-step process:

- ☐ The self-study preparation
- ☐ The site visit conducted by qualified, trained FFSP professionals to determine compliance with the standards,
- ☐ The activity follow-up to PERS-660 on any corrective actions identified during the site visit
- ☐ The accreditation decision

The *FFSP Accreditation Handbook: Standards and Requirements for Achieving Navy Accreditation* defines the evaluation criteria that will be used by the accreditation team to determine compliance with each standard. It is also a valuable self-study tool for FFSP staff. The Handbook is available at [www.persnet.navy.mil/pers66/acredinfo.htm](http://www.persnet.navy.mil/pers66/acredinfo.htm) and will be updated annually to reflect policy changes and guidance from Integrated Process Team and Functionality Assessment initiatives currently underway.

All accreditation visits will be led and conducted by FFSP peers who meet specific qualification requirements and have been trained by the PERS-66 Program Manager. This FFSP Accreditation Team Management Guide complements the

**ACCREDITATION  
PROGRAM  
(cont.)**

FFSP Accreditation Handbook and is designed for Team Leaders and Team Members as a ready reference to ensure successful site reviews – before, during, and after the visit. It also outlines the procedures that PERS-66 uses to select and assign team members and officially correspond with the chain of command throughout the accreditation process.

Leading or participating on an accreditation team can be an exceptionally rewarding and learning experience as it provides an opportunity to enhance the quality of service to Service members, families and commands. The long term success and credibility of the accreditation program is dependent upon professional and objective reviews and close coordination with the PERS-66 Program Manager. This Management Guide clearly outlines the many responsibilities of the Team Leader and provides on-site protocol guidance for team members. This Guide will also inform the site as to what they should expect before, during and after the accreditation visit.

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Section II

#### Team Leader Responsibilities

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##### PRE-SITE VISIT ARRANGEMENTS

As team leader you will be responsible for the following actions:

- ☐ Coordinate with PERS-660 on the team make-up.
- ☐ Obtain final list of team members from PERS-660. Include full spelling of names, titles, base/installation, telephone numbers, and e-mail addresses.
- ☐ Contact team members and obtain cell and/or home phone numbers.
- ☐ As the agenda evolves, keep team members notified of primary assignments and solicit input, as appropriate.
- ☐ Make sure you have all “boilerplate” materials (electronic and hard-copy) and you look at them! Paper copies are in Tab A. Bring a disk of pertinent materials for each team member. Have each team member bring sufficient copies of each of the below:
  - Clinical Counseling Case Review Checklist
  - Clinical Record Management Checklist
  - FAP Training Checklist
  - FAP Records Review Checklist
  - FFSP Facility Observation Checklist
  - Interview and Focus Group Matrixes
  - Blank Preliminary Accreditation Report
  - Code of Conduct
  - Agenda
  - Evaluations

**PRE-SITE  
ARRANGEMENTS  
(cont.)**

- ☐ Ensure you have electronic templates of In-Out Briefs. Paper copy is in Tab B.
  - ☐ Travel arrangements--tell team members when you want them at the site. Coordinate travel arrangements with PERS-660 and the site.
  - ☐ Car and/or van rental for the team--work this out with PERS-660.
  - ☐ Housing for team members--work this out with PERS-660 and the site.
  - ☐ Team Leader should ask for maps – both site maps and maps from the airport.
  - ☐ If an overseas location, check the State department web site for travel warnings, cultural information, and any special travel requirements. Ensure team members have current passports.
  - ☐ Team Leader should be aware of any special needs of team members (disabilities, health conditions, etc.).
- 

**DISCUSSIONS  
WITH  
PERS-660**

Make sure you have discussed the following with PERS-660:

- ☐ Car/van rental required/approved?
- ☐ Credentialing information has been/is going to be forwarded for all clinical staff of the site being reviewed? Copy to Team Leader?
- ☐ Travel details and requirements that PERS-660 may have or know of?
- ☐ Any team member information from the evaluation process that the team leader should know about?

**DISCUSSION  
WITH  
PERS-660  
(cont.)**

- ☐ Any recent “interpretations” or experiences from other reviews that would be helpful for the team to have. Review latest Frequently Asked Questions (FAQs) on Accreditation Website.
  - ☐ Verify that the site/installation is not on the flex-week, or if they are, make sure this won’t pose a problem if you need some flexibility in the schedule and/or there’s a potential that you will be cutting it short regarding time.
  - ☐ Ensure travel request form, including all travel costs is forwarded to PERS-66 by all team members.
- 

**DISCUSSIONS  
WITH  
SITE DIRECTOR**

Make sure you have discussed the following with Site Director:

- ☐ Ensure that the site received the pre-site letter from PERS-660.
- ☐ Ascertain any special clearance issues or other unique travel arrangements and communicate with team members.
- ☐ Obtain a list of site staff and finalize key staff (with names) that will be interviewed and when.
- ☐ Develop the agenda--work it out as best as possible acknowledging that this will be an ever-changing document. Address Command availability and scheduling as part of the agenda (re: in and out brief attendance by Command). Site Director should have available the schedule for meetings, interviews, focus groups. Sample formats are in Tab A but you can use any format that works for you.
- ☐ Ask the site director to determine membership on the focus group(s) and build focus group meeting into the agenda. Discuss with Director which individual

**DISCUSSIONS  
WITH  
SITE DIRECTOR  
(cont.)**

appointments you would like to have scheduled such as Comptroller staff, CRC, etc. to be included in the agenda.

- ☐ Request the FFSP Director provide a Program Overview during the staff in brief. Standard information includes mission of the base and how the FFSP supports the installation mission, demographics served (active duty, civilians, families), staff organization chart, budget, highlights of programs offered, and any “outstanding” programs or concerns that they want the team to know about.

Also discuss whether the site wants to provide a “windshield tour” to give the team an overview of the installation (suggested for management/admin team members if the site wants to provide--clinical reviewers probably will not have time).

- ☐ Determine if there are other programs run by the site that should be looked at that are not part of the review process--if there are other programs, it is strongly suggested that the team build in time to see them as a support to the site. Work with the Director to ensure no staff members are left out of the interview process who may want to be interviewed. If it is a large site, you may suggest a group interview of those involved in a similar function.
- ☐ Make sure that the site has set aside a room for the team to use while on-site. Discuss access to one or more computers, in-focus machine for briefs (make sure you work out “technology issues” such as having the boiler plate materials on disks, etc), printer and compatible software for templates, secure filing cabinet, office supplies, office keys, copy machine and shredder, if possible.
- ☐ Discuss arrangement of evidence materials as per the SUGGESTION in the accreditation handbook. This is voluntary (to pull evidence and have it arranged pre-



**DISCUSSIONS  
WITH  
SITE DIRECTOR  
(cont.)**

site); but if the site is not organizing evidence, discuss the need to be able to see that information and to have it “ready” for inspection during the site-visit. Remind site that in general, the team will ask for materials going back one year.

- ☐ Discuss socializing protocol during accreditation process. No social interactions outside of official business during the accreditation review. After the review is completed, a group event is acceptable if the site so desires.
  - ☐ Ensure parking is available on site for the team for the duration of the visit.
  - ☐ Make sure whatever security procedures can be done before arrival (e.g., notification of incoming personnel, parking passes acquired if possible). Different installations have differing security requirements to gain access to the base.
- 

**FIRST MEETING  
WITH THE TEAM**

These are the items the team leader should be prepared to discuss with the team members before the review begins:

- ☐ Orientation of the Team: The first meeting should take place Sunday evening and should allow for a minimum of two hours to address the following:
  - Review agenda/schedules
  - Discuss administrative requirements
  - Discuss professionalism in conducting the accreditation process
- ☐ Discuss suggested documentation used to validate compliance and the safekeeping and return of all materials reviewed.
- ☐ Review Code of Conduct

**FIRST MEETING  
WITH THE TEAM  
(cont.)**

- ☐ Review Rights and Responsibilities
- ☐ Provide and discuss evaluation forms and process
- ☐ Review how to use focus group feedback as assistance in your approach to rating the standard and that the standard rules--collaborative evidence is best--if a pattern is seen in documents reviewed AND case records reviewed AND through observation on-site--you have a strong comfort level with an action required finding.
- ☐ Discuss time management issues, especially FAP and Clinical – review SOPs or written procedures first but don't linger on them – case record reviews will take a long time.
- ☐ Discuss the use of professional judgment, accountability and inter-rater reliability. (See section IV).
- ☐ Discuss culture of the visit and team performance--remind team members that this is not an audit and the role of the team member is as facilitator to the site in their efforts to become accredited. Remind team of the importance of this review being a team effort--no loose cannons!
- ☐ Remind team of the importance of confidentiality and that nothing observed, reviewed or said during and after the visit should be discussed with anyone other than the team and PERS-660.
- ☐ Remind team that the program does not “fail.” The program is either accredited or working towards accreditation.
- ☐ Discuss expectations for courtesy to site staff. Stick to the schedule; if you must change, notify staff ASAP. Disrupt customer service as little as possible.
- ☐ Review how to do interviewing and how to use that information in conjunction with document review to

**FIRST MEETING  
WITH THE TEAM  
(cont.)**

ascertain compliance with the standards. Discuss how prepared the team must be to conduct interviews. Are team members aware of “common” questions that each team member will need to ask?

- ☐ Discuss team consensus for consultation and actions required--consultation is tricky and should NOT be offered by any individual team member without first discussing the nature of any consultation with the entire team. In addition, the entire team should agree to the type of consultation offered. Remember that trends need to be identified and agreed to first before any consultation is considered.
- ☐ Discuss when consultation might be used. If the site asks for consultation, it should come AFTER the official accreditation visit is complete and should be presented in an organized/summarized way--the consultation should be concise and somewhat general, i.e., for additional training/assist visit/ supervision issue they might want to call XX at XX. Consultation should not be agreed to and/or offered based on one team member having a “feeling” about one incident or item that was reviewed. “Evidence” of the need for “consultation” should be collaborated by multiple areas of review, if possible, to strengthen the team’s appropriateness in providing consultation.
- ☐ Review what to leave with the site. A case record review checklist should be used to create a summary sheet with all case numbers listed on top of the checklist and summary findings. This summary is used to discuss findings with the supervisor and is left with the site to follow-up as necessary.
- ☐ Review what to do with checklists and other documentation: Team leader should retain until accreditation determination is made and reclama process (if any) is completed.

**FIRST MEETING  
WITH THE TEAM  
(cont.)**

- ❑ Quality Assurance Section--remind team that the reviewer of the QA section will need input from the “clinical” reviewers on the team before they can rate all of the sections. Be mindful of sections which need multiple inputs: QA, Privacy Act, FAP Education & Training, etc. – Get team consensus and assign category responsibilities prior to beginning interviews.
- ❑ Remind team of the emotional impact of the visit on site-staff. Any “action required” will be disappointing--therefore, reinforce “no failures,” process and system issues, accreditation in the culture of quality improvement, etc.
- ❑ The team leader may decide to separate responsibilities for the administrative review and the clinical review. For this purpose, administrative review functions of the clinical and FAP case record checklists in Tab A are highlighted to distinguish them from clinical. The person conducting the administrative review must have sufficient knowledge of FAP requirements.
- ❑ **Clinical Record Review**
  - Case record reviews--remind team members that they should complete an individual checklist for each record reviewed tracking case numbers on each form. Review how many case records are to be pulled (5 per clinician), open and closed cases and how the cases should be “pulled” (spell this out).
  - A “master” sheet should be completed once the individual records have been completed which aggregates the individual record findings and identifies patterns and trends that may lead to “action(s) required.” Actions required are based on the team identifying a pattern or trend and some professional judgment is required (e.g., if 10 records are reviewed and 2 are out of compliance--team needs to determine if that is enough of a pattern).

**FIRST MEETING  
WITH THE TEAM  
(cont.)**

- Remember: the team can and should always pull more records if they are unclear or undecided regarding an apparent pattern or trend). Keep a list of all case numbers or client initials for all records reviewed and a list of those that support a “non-compliance” rating.
- Remind team members that the items on the checklist(s) reflect minimum requirements--any pattern or trend on any item on the checklist leads to an action required. Non-compliance on similar items can be consolidated into one action item. Site staff must be briefed on records reviewed and any patterns identified to allow a response/explanation.

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**ON-SITE  
COMMUNICATIONS  
THE INITIAL  
IN BRIEFS TO  
COMMAND AND  
FFSP STAFF**

Before the review begins the Team Leader is responsible to conduct an in-brief with the responsible commander or their designated representative and the FFSP staff. The site will determine who will attend each of these briefs. The following information applies:

- ☐ Tailor the in brief to the site structure and command--emphasize the weight/authority/legitimacy of accreditation to command--what does accreditation mean? What is the new process to become accredited?
- ☐ On day one of the site-visit, as a courtesy, meet with the site director first. Ensure the director is aware that the team will not be making any “technical” recommendations or be providing personal consultation. If the site wants this type of assistance the request should be made through the team leader and conducted following the accreditation review.
- ☐ As part of the in brief, be sure to mention protocols for the behavior of the team--team members will try to be as unobtrusive as possible but will probably “get in their way” to some extent.

**ON-SITE  
COMMUNICATIONS  
THE INITIAL  
IN BRIEFS TO  
COMMAND AND  
FFSP STAFF**

- ☐ Emphasize the new accreditation process is a “four step” process--preparation, the site visit, actions required and the accreditation decision. Stress the checks and balances of the process and that there are no “failures” no scores, percentage grade, etc.
  - ☐ If applicable, discuss the role of the claimant/regional representative as a team member. No claimant or regional business should be conducted during the accreditation time frame. If such business is to be done, it needs to be scheduled after accreditation review is complete.
  - ☐ Include the issues identified in the boilerplate in brief.
  - ☐ Distribute evaluation forms at the staff In-brief and ask the FFSP staff to complete them prior to the teams’ departure. They will be collected at the staff out-brief.
- 

**DAILY OUT  
BRIEF WITH THE  
SITE DIRECTOR**

It is important to keep site management informed on a daily basis of any issues that arise. There should be no surprises for the FFSP Director or the Command at the end of the review.

- ☐ Make sure that the team meets every day before the out brief for the site director occurs. Recommend allowing one hour before Director out-brief. Review what each team member will say during the daily out-brief with the site Director – team should hear and agree to issues to be presented – there should be no surprises to team members. It is important to not jump the gun and inform the Director there is, or is not, a finding before the team has finalized the decision.
  - ☐ Remember that the site has an opportunity to correct a deficiency prior to the end of the review. If corrected, it is not reported as a finding in the report.
  - ☐ All team members discuss and agree to any “action required” finding that will be presented to the site director.
-

## PREPARATION OF THE REPORT

The Accreditation Report documents the accreditation review. It is extremely important since it identifies the strengths and weaknesses of the FFSP and is forwarded through the chain of command.

- ☐ The number one goal and task of the team on site is to accurately and thoroughly complete the Preliminary Accreditation Report (PAR)--it **MUST** be written and printed before you leave and left with the site and it **MUST** be written **WELL!** An Example is at Tab C.
  - ☐ Discuss your expectations of team members with regard to “writing” their sections with the team. Make sure that team members have examples of how to write each section and make sure you build in enough time to complete the report and allow team members opportunities to review drafts and agree on final content. Ensure that strengths are identified in the report.
  - ☐ Once the report is completed, make sure that there is a link between the report content and the out brief--all actions required should be included in the out brief along with strengths identified.
  - ☐ When writing the report it is strongly suggested that you acknowledge the evidence that was reviewed and only write more when follow-on actions required have been identified to be in compliance with standards.
- Examples of typical report section:
- “All documents were reviewed, interviews conducted and observations completed as per the evidence required under this standard. Evidence revealed compliance with the standard”
  - “Through documents reviewed, interviews conducted and observations of practice, as detailed in the evidence required for this standard,

**PREPARATION  
OF THE REPORT  
(cont.)**

the site must address the issue of XXXX. This requires follow-on action to be in compliance with the standard. (You must also detail what action will be required to document compliance. See the following example.)

**STANDARD 3.6 FAP ASSESSMENT AND CASE  
MANAGEMENT**

**OBSERVATION:** Reviews of written documentation, case record reviews, and interviews indicate that the overall FAP assessments and case management comply with requirements and meet the needs of service members, family members, and commands. The SOP is comprehensive and well organized and specifically addresses all required areas. The CRC minutes indicate that cases are handled by the CRC in compliance with policies and procedures. Interviews with FFSC staff members indicate detailed knowledge of policies, procedures, and roles. Case record reviews indicate overall excellent compliance with requirements as well as a thorough and timely response to cases. However, there are three specific areas in records documentation that require action

**ACTION REQUIRED:**

- (1) On the case record labels, enter all required data.
- (2) On the Rating Rationale (Findings form), include a description of how risk factors and protective factors interact to determine the likelihood of future abuse, level of severity if abuse recurs, and overall level of risk.
- (3) On the Intervention Plan, include the targeted risk factors and the behavioral objectives of the recommended modalities.

**EVIDENCE OF COMPLIANCE:**

Compliance will be verified by completed copies of record labels, findings forms, and intervention plan forms that address the actions required. Forms should be submitted to PERS-660 via the chain of command (identifying data should be deleted prior to submission). A minimum of one record label, completed findings form and completed intervention plan form should be submitted per clinician.



**THE LAST  
DAY OF THE  
SITE-VISIT**

There are several items that need to be accomplished at the end of the site visit.

- ☐ Ensure the out brief to command and site-staff is still on schedule.
  - ☐ Team concurrence that a follow up site visit by the claimant, regional or PERS-6 program manager will be recommended to validate compliance.
  - ☐ Collect completed evaluations from the site director, staff, and team members and put in a sealed envelope for the Team Leader to mail to PERS-660.
  - ☐ Leave a copy of the written report with the site (and on a disk if the site requests).
  - ☐ Tailor the out-brief to the command to include strengths and actions required (for site staff and command, if applicable).
  - ☐ Explain the next steps of the process e.g., within 30 days the command will receive the official report and they then have 90 days to submit their response. However remind them that they can start work immediately since they already have the report.
  - ☐ The report--is it complete? All team members have reviewed all sections and signed the signature page. Letter and reports are e-mailed to PERS-660. A copy of the summary Clinical/FAP record review checklist and the signature page is faxed/scanned (mail originals of signature page and hard copy of summary checklist) to PERS-660.
-

**POST  
SITE-VISIT**

- ☐ Follow-up with PERS-660 to ensure there is no confusion as to what follow-up actions and documentation will be required by the site.
  - ☐ Ensure PERS-660 has received the evaluations.
  - ☐ Communicate with team when feedback is received from PERS-660 regarding evaluations.
  - ☐ Team leader gathers all the team members checklists and accreditation notes. Materials related to any actions required or findings must be retained in a secure place until time period for reclama has expired. Team leader then destroys all materials. All other materials will be destroyed on site.
  - ☐ Once PERS-660 has notified the Team Leader that a decision has been made, let the team members know as well.
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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Section III

#### On-Site Protocol Guidance For Team Members

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##### THE “CULTURE” OF THE SITE-VISIT

- ☐ Culture of the visit and team performance--team members must realize that the site visit is not an audit or inspection and that the role of the team member is as facilitator to the site in their efforts to become accredited. This does not mean you must help them correct deficiencies on site, but you must be prepared to describe in detail what follow on action is required to be in compliance with the standard. The site-visit is a TEAM effort--there are few if any individual team member decisions made.
- ☐ Confidentiality--critical importance of confidentiality -- nothing observed, reviewed or said before, during or after the visit should be discussed with anyone other than other team members, the team leader, and PERS-66.

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##### DETERMINING ACTIONS REQUIRED

- ☐ Team consensus for consultation and actions required--consultation is tricky and should NOT be offered by any individual team member without first discussing the nature of any consultation with the entire team. In addition, the entire team should agree to the type of consultation offered. Remember that trends need to be identified and agreed to first before any consultation is considered. Consultation should not be agreed to and/or offered based on one team member having a “feeling” about one incident or item that was reviewed.

**DETERMINING  
ACTIONS  
REQUIRED  
(cont.)**

- ☐ “Evidence” of the need for “consultation” should be collaborated by multiple areas of review, if possible, to strengthen the team’s appropriateness in providing consultation.
  - ☐ Stick to findings of fact.
- 

**HOW TO  
APPROACH  
CASE RECORD  
REVIEWS**

Ideally, you will want to review a random sample of 5 cases per clinician (3 open and 2 closed). However, at a large site this may not be practical and at a small site a larger number may be required to achieve a thorough assessment. Discuss with the team. For FAP personnel the records should include at least a sampling of FINS and I&R records as well as FAP records.

Although some cases may include work by more than one clinician, the total number of cases reviewed should be as above and should reflect a sampling of all of the clinicians’ work. Keep records confidential at all times!

- ☐ Each team member should complete an individual case record checklist for each record reviewed, tracking case numbers on each form. A “master” sheet should be completed once the individual records have been completed which aggregates the individual record findings and identifies patterns and trends that may lead to “action(s) required.” Actions required are based on the team identifying a pattern or trend. Some professional judgment is required (e.g., if 10 records reviewed and 2 are out of compliance--team needs to determine if that is enough of a pattern. Remember: the team can and should always pull more records if they are unclear or undecided regarding an apparent pattern or trend).

**HOW TO  
APPROACH  
CASE RECORD  
REVIEWS  
(cont.)**

- ☐ Keep a list of all case numbers or client initials for all records reviewed and a list of those that support a “non-compliance” rating. The items on the case record checklist(s) reflect minimum requirements--any pattern or trend on any one item on the checklist leads to an action required. Clinical Supervisor/FAR must be briefed on records reviewed and any patterns identified to allow a response/explanation.
  
  - ☐ The Team leader may decide to separate responsibilities for the administrative review and the clinical review. For this purpose, administrative review functions of the clinical and FAP case record checklists in Tab A are highlighted to distinguish them from clinical. The person conducting the administrative review must have sufficient knowledge of FAP requirements.
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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Section IV

#### The Use Of Professional Judgment

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##### PROFESSIONAL JUDGEMENT

The use of professional judgment by the individual team members is required throughout the accreditation process. Accreditation and reviewing practice naturally leads itself to some degree of subjectivity. Industry has not been able to narrow this process down to a clear “yes/no” review. To protect each team member and the validity of this process, checks and balances are required to minimize the potential inappropriate use of “professional judgment” or “subjective” rating of compliance with the accreditation standards. The main check and balance is the requirement that before an issue becomes an “action required,” and before “consultation” is offered, the issues must be discussed with the entire team. There must be consensus (majority rule) that the item is indeed an action required. Additional checks and balances include the ability of the site to reclama the accreditation findings and the “decision” making responsibilities for accreditation resting with an independent department that does not participate in the site visit.

Another way for team members to stay within appropriate boundaries is to reaffirm the requirement that reviewers stick to the standard. By sticking to the intent of the standard, team members will help keep themselves focused only on those issues that are discussed in the standards and may prevent them from incorporating global operational concepts into the review process. This is very important--successfully

**PROFESSIONAL  
JUDGEMENT  
(cont.)**

minimizing individual team member determinations of out of compliance issues will ensure inter-rater reliability of the accreditation standards. As a team leader, these issues should be put on the table during the first meeting with team members to ensure that everyone remembers this approach as they move through their tasks while conducting the site visit.

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Section V

#### Team Member And Team Leader Selection And Assignment

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##### **TEAM MEMBER SELECTION AND ASSIGNMENT**

PERS-660 accreditation program staff will select accreditation team members and composition of teams from the pool of personnel who have successfully met the qualifications criteria during the nomination process and completed accreditation team member training provided by PERS-660. These individuals include claimant, regional, installation, and PERS-66 staff.

PERS-660 sends the annual schedule of proposed accreditation site visits to the pool of trained personnel who notate their availability for the year for the various sites.

The first consideration in organizing an accreditation team is the size of the FFSP to be reviewed which determines the number of team members to be assigned. Specific team assignments include management, programs, clinical counseling and family advocacy review. Such factors as the number of clinical staff and records to be reviewed, the number of separate locations, and other factors will be used to determine the number of team members required for each competency area.

**TEAM MEMBER  
SELECTION AND  
ASSIGNMENT  
(cont.)**

Team selection comes from those available and qualified by experience/expertise to review specific competency areas. When possible, team members will be selected from several claimants/regions for equitable representation, although location and travel time and expenses are taken into consideration on a case-by-case basis. “First-time” team members will be paired with seasoned team members as part of the mentoring process. Every effort will be made to ensure that each team member is afforded an opportunity to go on one or more site visits and that no team member is used excessively to the exclusion of others.

Claimant and/or regional program managers who have been trained as accreditation team members will be offered the opportunity to be on the team or have a representative from their area. If claimant or regional staff do not meet team member qualifications they are invited to participate as an observer. (Last minute team adjustments will be based primarily on required expertise and availability.)

PERS-660 will determine prospective team members and first discuss with the Claimant, accreditation team leader and the site Director to ensure there are no known conflicts of interest. Based on their input the final decision will be made and the prospective team members will be notified. Prospective team members are also responsible to notify PERS-660 of any potential conflict of interest, which would affect assignment and that may preclude an objective review. Based on this input, PERS-660 will make the final team member selection and officially notify the chain of command, team leader, and the team members.

**TEAM MEMBER  
SELECTION AND  
ASSIGNMENT  
(cont.)**

Team composition will include the following:

<b>TEAM ASSIGNMENT COMPETENCY MATRIX</b>	
Management (1)	Programs (1 or more)
Clinical Counseling (1 or more)	Family Advocacy (1 or more)

For very small sites, a reviewer who has expertise in multiple areas may be assigned to review multiple competencies.

The team leader will be responsible to review a certain number of standards but generally not be assigned to clinical/FAP review because of the workload required unless there is more than one reviewer.

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**TEAM LEADER  
SELECTION AND  
ASSIGNMENT**

PERS-660 accreditation program staff will select accreditation team leaders from the pool of personnel who have completed accreditation team leader training provided by PERS-660 and who meet the criteria in the team leader position description. These individuals include claimant, regional, installation and PERS-66 staff.

Team leader assignment is based primarily on availability, team member composition, subject matter expertise and travel time and expense.

Regional staff with direct line of supervision and performance evaluation to a site Director will not serve as a team leader at those sites.

**TEAM LEADER  
AND TEAM  
MEMBER  
PERFORMANCE  
FEEDBACK**

The accreditation process includes a thorough review of team leader and team member performance by evaluations provided by team leader, team members and activity. Both positive and negative feedback will be used to determine future assignment. Feedback will be shared with leaders and members in a summary with individual information shared only with team leader and team member. Any issues requiring remediation should be identified and corrected in an objective, professional manner. Should evaluations indicate either a team leader or team member should not continue in their roles, the decision will be made in conjunction with the chain of command.

Team leaders, team members, PERS-660 and the accreditation program itself must benefit from the evaluation process.

PERS-660 is responsible for managing the evaluation feedback process and to analyze trends to apply to future team training. The Accreditation Advisory Council will review evaluation feedback and make appropriate recommendations.

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Section VI

#### Official Correspondence Procedures

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##### **PRE-VISIT CORRESPONDENCE**

PERS-66 will send the initial letter notifying the activity six months in advance of the scheduled visit. The letter will identify requirements and list the team members. Sample site letter is at Tab D.

The team leader should be copied on all pertinent correspondence from PERS-660 to the site.

Follow-on correspondence to determine site logistic support and travel arrangements will be done via e-mail among the site, PERS-660 and the team leader.

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##### **ON-SITE DOCUMENTATION**

Immediately following the site visit, the team leader will leave a copy of the Preliminary Accreditation Report (PAR), which has been signed by all team members with the site and also forward a copy to PERS-660. The team leader will also inform PERS-660 whether the team recommends a follow-up review by the region or claimant.

PERS-660 develops the cover letter for PERS-6 signature with the team's signed PAR as an enclosure within 30 days following the site visit. The cover letter requires the activity to submit a POA&M detailing plans of accomplishing the required action(s) and advises of the requirement to respond with completed action(s) within 90 days of the receipt of the letter. The cover letter will indicate whether a follow-up review by claimant or region will be conducted. Sample cover letter to the report is at Tab D.

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**POST SITE  
FOLLOW-UP**

Upon review of the follow-up action(s) completed by the activity, PERS-6 will notify the activity of the accreditation decision within 30 days. If approved, the Accreditation Certificate will be enclosed. If not approved the letter will specify further actions required. Sample decision letter is at Tab D.

Recommend the claimant provide a congratulatory endorsement with the highest appropriate signature when the accreditation certificate is forwarded. A sample is at Tab D.

The chart on next page summarizes the correspondence procedures.

**Section IV**

**Team Member And Team Leader Selection And Assignment**

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<b>SUMMARY OF OFFICIAL CORRESPONDENCE PROCEDURES</b>			
<b>Correspondence</b>	<b>Addressee</b>	<b>Copies To</b>	<b>Signed By</b>
Initial letter to the activity in advance of scheduled visit identifying requirements for the visit and team members.	ISIC (regional or installation commander as appropriate)  Six months in advance of scheduled visit	Claimant/Regional Program Manager(s)  FFSP Director Team Leader	PERS-66
Preliminary Accreditation Report (PAR) prepared by Team Leader/members and forwarded to PERS-660. Pers-660 prepares final cover letter as attachment, which lists actions required. (Note: immediately following site visit, activity submits POA&M describing how they plan to complete actions pending via e-mail to PERS-660)	ISIC (regional or installation commander as appropriate)  Within 30 days of site visit.	Claimant/Regional Program Manager(s)  FFSP Director	PERS-6
Site submission of documentation demonstrating required actions have been completed or reclama of the finding/Action Required.	PERS-6  Within 90 days of receipt of report	Claimant/Regional Program Manager(s)  PERS-660	ISIC (regional or installation commander)
Decision Letter w/ Certificate if conferred.	Claimant/Regional Commander(s)  Within 30 days of receipt of response.	Regional Program Mgr.  ISIC  FFSP Director  Site Mgr	PERS-6

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Tab A

#### FFSP “Boiler Plate” Materials for Team Members

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##### **TAB A CONTENTS**

Tab A contains the “boiler plate” materials that all team members will use. Most are also included in the Handbook but are included here so they can easily be duplicated prior to the site visit.

This tab contains:

- Clinical Counseling Case Review Checklist
  - Clinical Record Management Checklist
  - FAP Training Checklist
  - FAP Records Review Checklist
  - Facility Observation Checklist
  - Interview and Focus Group Matrixes
  - Blank Preliminary Accreditation Report
  - Code of Conduct
  - Two Sample Agenda Formats
  - Team Leader And Team Member Performance Review
  - Team Leader Evaluation of Team Members’ Performances
  - Activity Assessment of Team Members’ Performance
  - Activity Assessment of Team Performance
-

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## FFSP CLINICAL COUNSELING CASE RECORD REVIEW CHECKLIST

Case Number \_\_\_\_\_

Counselor Name \_\_\_\_\_

Team Member \_\_\_\_\_ Date Reviewed \_\_\_\_\_

CONTENT OF CLIENT RECORD	Yes	No	NA
<b>INTAKE/ADMISSION</b>			
Demographic information is documented in the record.			
Documentation of Privacy Act provisions explained and Privacy Act Statement signed by client and witnessed by a provider. The Privacy Act is signed or co-signed by a custodial parent for minor children.			
Consent for Treatment forms are signed by a custodial parent prior to assessment/counseling of children.			
Release of Information form signed/completed, as appropriate.			
Disclosure form completed as appropriate.			
Client meets eligibility criteria for FFSP services.			
A reason for requesting service or referral information is documented in the record.			
Client Rights and Responsibilities Form signed and in the record.			
<b>ASSESSMENT</b>			
Tailored to individual need and only relevant information is collected.			
Initial screening of child and spouse maltreatment, substance use, suicidal/homicidal ideation and mental health disorders is conducted, with appropriate expansion of the assessment when client situation indicates need.			
Diagnosis or R/O is documented. Diagnosis or R/O is consistent with assessment and intervention information. Referrals for R/O diagnoses are documented.			
<b>TREATMENT PLAN</b>			
Treatment Plan is in the record.			
Treatment Plan completed in the timeframe designated in the local SOP.			
Treatment Plan based on findings of the assessment and specifies services to be provided and by whom.			
Treatment Plan is problem-focused with specific behavioral goals/objectives			
Treatment Plan objectives and services are modified when indicated by changing needs or circumstances, progress toward achievement of service goals, or the request of the person, family, or group served.			

<b>CONTENT OF CLIENT RECORD (cont.)</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
<b>CASE NOTES</b>			
Case notes or summaries are completed for every client and collateral contact.			
Case notes document that services are short-term problem focused (or as directed by CRC recommendation for FAP cases).			
Case notes document progress toward meeting goals and objectives in the Treatment Plan			
Case notes document coordination with Medical/Command/other service providers, where appropriate.			
Supervisor signature on all clinical case notes for Tier 1 providers.			
<b>TERMINATION FROM TREATMENT</b>			
Closing summary completed with referral or recommendations for future services, as appropriate.			
<b>GENERAL</b>			
All entries and forms are signed and dated.			
Documentation is written legibly or typed and contact entries are made within 2 days or otherwise documented.			
Only authorized staff makes entries into records.			
All requests for release of records are forwarded to the JAG for release and documented IAW Privacy Act.			
Access to individual records is limited and protected according to SOPs and the pertinent Privacy Act notice.			
Procedures to protect records from the destruction, loss or other damage, which include: daily back-up of all electronic official records, and storage of paper records in a locked, secure area.			
<b>SPECIAL CIRCUMSTANCES</b>			
PRP is designated on the Privacy Statement and reporting requirements are followed and documented, when required.			
Mandatory reporting is completed per Privacy Act and documented (e.g. child abuse, spouse abuse, homicide, suicide, espionage, etc.).			
Follow-up documentation for command referrals may include: <ol style="list-style-type: none"> <li>1) Service member was seen at the FFSP;</li> <li>2) A brief, general assessment of the situation;</li> <li>3) Recommendations for intervention and/or referral;</li> <li>4) Estimated length of time needed to correct the situation;</li> <li>5) Specific recommendations for command action if applicable.</li> </ol>			

## FFSP CLINICAL/FAP RECORD MANAGEMENT CHECKLIST

CONTENT	Yes	No	NA
Access to individual records is limited and protected according to SOPs.			
Procedures to protect records from destruction, loss, or other damage which include: daily backup of all electronic official records; and storage of paper records in a locked, secure area.			
Procedures governing retention, maintenance, archival and disposal of records are followed.			
All computers have up-to-date anti-virus protection and protections for confidentiality and integrity of internal databases and sensitive information, including passwords.			
Files should be locked in file cabinets when unattended and procedures for on-going security of all information are practiced.			
Procedures are followed regarding security of files when taken off-site.			
FAP information is maintained using the three record system, as appropriate.			

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## FFSP FAP TRAINING CHECKLIST

REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

	YES	NO	NA
<b>CASE REVIEW COMMITTEE MEMBERS</b>			
Tracking documents whether each CRC member has received, at a minimum, 16 hours of child and spouse abuse training within 6 months of their appointment to the CRC and 24 hours of FAP-related training annually.			
Physician .....	_____	_____	_____
Line Officer .....	_____	_____	_____
Judge Advocate .....	_____	_____	_____
FAR.....	_____	_____	_____
Psychologist/Psychologist/Mental Health Provider.....	_____	_____	_____
Other (specify) .....	_____	_____	_____
Other (specify) .....	_____	_____	_____
Other (specify) .....	_____	_____	_____
Training to support meeting this requirement is offered to CRC members by the FFSP as appropriate to FFSP staffing and expertise and/or the FFSP advises the CRC members of training options to meet the requirement.			
<b>FAMILY ADVOCACY COMMITTEE MEMBERS</b>			
FAP training has been provided, or at minimum offered to, all FAC members on an annual basis.			
Training included the core program content (next page).			
<b>FAMILY ADVOCACY OFFICER</b>			
The FAO has received FAP training on a regular and ongoing basis, including the core program content (next page).			
In addition, the FAO has received FAP training on resource planning, staffing issues, program management and oversight, and prevention and training strategies.			
<b>MILITARY PERSONNEL</b>			
FAP training with the core program content (below) has been provided, or at minimum offered, on a regular and ongoing basis to the following:			
Commanding Officers and Military Supervisors .....	_____	_____	_____
Unit FAP Points of Contact .....	_____	_____	_____
FAP training has been provided as requested by commands to service members at indoc and on a regular and ongoing basis, with the following content, at minimum: identification and prevention of family violence; reporting requirements; command, community, and FAP response to family violence.			

## FFSP Accreditation Team Management Guide

	YES	NO	NA
<b>PERSONS WHO WORK WITH CHILDREN</b>			
FAP training has been provided, or at minimum offered, on a regular and ongoing basis to the following:			
Child Care Providers .....	_____	_____	_____
Youth Activities Staff .....	_____	_____	_____
DODDS Staff Members .....	_____	_____	_____
Training included the core program content (below).			
<b>FFSP CLINICAL PROVIDERS, EDUCATORS, AND ADVOCATES</b>			
FAP training has been provided on a regular and ongoing basis to FFSC clinical providers, educators, and advocates who have FAP involvement. The core program content (below) has, at minimum, been received once.			
<b>LAW ENFORCEMENT</b>			
FAP training has been provided, as requested, to Base Security and NCIS.			
<b>MEDICAL</b>			
FAP training has been provided, as requested, to Medical Treatment Facility personnel.			
<b>CHAPLAINS</b>			
FAP training has been provided, as requested, to military chaplains.			
<b>CORE PROGRAM CONTENT</b>			
<ul style="list-style-type: none"> <li>• Underlying causes, patterns, and dynamics of child and spouse abuse</li> <li>• Risk factors for child and spouse abuse</li> <li>• Identification of child and spouse abuse</li> <li>• Military and civilian reporting requirements</li> <li>• Referral options and procedures (military and civilian)</li> <li>• Description of the local FAP, including: <ul style="list-style-type: none"> <li>- Navy FAP policies and procedures</li> <li>- Risk assessment procedures</li> <li>- Case management procedures</li> <li>- Rehabilitation and support services options</li> <li>- Multidisciplinary team approach</li> </ul> </li> <li>• Prevention strategies</li> <li>• Appropriate command and individual responses to abuse</li> <li>• Planning for a coordinated community approach</li> </ul>			



## FFSP FAP RECORDS REVIEW CHECKLIST

REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF CASE: FAP: \_\_\_\_\_ FINS: \_\_\_\_\_ I & R: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CASE WORKER: \_\_\_\_\_

### RECORD CONTENT

	YES	NO	NA
<b>GENERAL</b>			
All entries written legibly in black ink or typed and contact entries are made within 2 days or otherwise documented.			
All entries and forms are signed and dated. Tier III supervisor signature on all clinical entries for Tier I providers.			
All pages of FAP forms and case notes are identified with appropriate case number and name.			
Separate case record jackets (for FAP/FINS cases) established for victim, offender, and nonpermanent.			
Case record labeled with name, SSN, case number, cross-referenced case numbers, as appropriate to record type (victim, offender, nonpermanent).			
Case numbers assigned per records management guidance.			
Case documentation and materials filed in alleged victim, alleged offender(s), and non-permanent records as appropriate.			
All NRAM forms completed with format and content as specified by NRAM Handbooks.			
All contacts and actions documented on Case Activity Notes or on the appropriate NRAM form			
<b>INTAKE &amp; INITIAL INTERVENTIONS</b>			
Incident Report/Eligibility form completed within one working day of receipt of report.			
Case status decision consistent with beneficiary status and nature of allegation.			
Demographics form completed as information becomes available.			
Safety Assessment form is completed within one working day of receipt of allegation by FAP.			
Ratings of safety factors and case status decision consistent with documented information obtained from victim, offender, non-offending parent, and others.			
Safety Response form initiated within one working day of receipt of report and completed prior to CRC presentation.			
Notifications made, as appropriate to case circumstances, to command, child protective services, NCIS, and BUPERS.			
Safety response actions address safety issues and identified needs.			
Date and results of Central Registry checks documented.			

## FFSP FAP RECORDS REVIEW CHECKLIST (cont.)

	YES	NO	NA
<b>INTAKE &amp; INITIAL INTERVENTIONS (cont.)</b>			
Documentation that FAP information provided to alleged victim, alleged offender, and/or non-offending parent.			
Documentation that Privacy Act provisions explained and Privacy Act Statement signed by alleged victim, alleged offender, and/or non-offending parent and witnessed by a provider. The Privacy Act is signed or co-signed by a custodial parent for minor children interviewed. The Privacy Act contains identification of PRP clients.			
Release of information form(s) obtained if information requested/released outside of DOD.			
Disclosures are made and documented in the record IAW the Privacy Act.			
Victims interviewed separately at minimum for initial assessment and are not interviewed with the alleged offender until safety is established.			
NCIS consent documented prior to interviewing alleged offender for cases in which NCIS is involved.			
Consent for Treatment Forms are signed by a custodial parent prior to assessment/counseling of children except when ordered by a commanding officer to protect the health/safety of the child.			
Children in the family (in child and spouse abuse cases) are interviewed or documentation of why they were not is provided. Children are provided intervention services or are referred for assessment/interventions as appropriate.			
<b>RISK FOCUSED ASSESSMENT</b>			
Risk Focused Assessment Report form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Documented information from victim, offender, non-offending parent, and others is sufficient to support the factor ratings.			
Risk ratings are consistent with available case information.			
Risk Assessment Summary form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Risk Assessment Findings form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Rating rationale documents how risk factors and protective factors interact to determine the Likelihood of Future Abuse, Level of Severity if Abuse Recurs, and Overall Level of Risk.			
Intervention Plan form completed prior to initial CRC presentation.			
Intervention Plan lists and addresses targeted risk factors.			
Intervention Plan contains specific modalities with behavioral objectives.			

## FFSP FAP RECORDS REVIEW CHECKLIST (cont.)

	YES	NO	NA
<b>CASE REVIEW COMMITTEE</b>			
Written notification of CRC consideration for determination forwarded to be received by alleged victim and alleged offender (or non-offending parent for children) 7 days in advance of CRC meeting. Letter to SM sent via command; letter to civilian sent to home address.			
Documentation of contact with SM's CO or Command Representative to invite command to attend CRC meeting for cases scheduled for case status determination.			
Initial CRC presentation (using CRC Presentation form or FINS CRC QA Review Checklist) and determination/recommendations or FINS concurrence decision made within 90 days of receipt of report.			
CRC Presentation form or FINS QA Review Checklist contains all available information regarding the allegations as well as safety factors of note and relevant risk factors.			
Written notifications of CRC determination/recommendations, including Statement of Rights, sent to command for alleged victim, alleged offender, and/or non-offending parent, within 10 days of CRC.			
Form DD2486 completed after CRC and a copy is filed in case record.			
<b>COUNSELING, MONITORING AND CLOSURE</b>			
Clients are provided CRC recommended interventions at the FFSP or clients are contacted to provide any needed assistance in obtaining services via other military and/or civilian agencies.			
Follow-up contacts made and documented with clients, command, and involved agencies/providers at least quarterly.			
Progress reports (at minimum, quarterly) and completion reports of educational and counseling programs documented.			
Progress reports, case activity notes, and/or other documentation address progress toward meeting intervention plan objectives and reducing targeted risk factors and the overall level of risk.			
After initial determination, case reviewed at least quarterly by the CRC until closure.			
Cases presented for closure only after consideration of NRAM guidelines and consultation with involved command(s), agencies, and providers.			

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## Fleet Family Support Program Facility Observation Checklist

Site: \_\_\_\_\_

Date: \_\_\_\_\_ Team Member: \_\_\_\_\_

<b>General Site Walk-Through</b>	
<b>Action</b>	<b>Comments</b>
<input type="checkbox"/> There are no observable health and safety problems, or if observed there is documentation that they have been reported to the appropriate office for follow-up	
<input type="checkbox"/> Work space is available for staff and customers.	
<input type="checkbox"/> Site has offices/rooms for private and confidential interviewing, at a minimum, for clinical/FAP clients.	
<input type="checkbox"/> Office equipment and furnishings are sufficient to enable staff to perform their jobs (e.g., phone and fax lines to accommodate populations served, computers, printers, internet access, copy machines, voice mail and locking file cabinets for sensitive material).	
<input type="checkbox"/> The site/program is accessible to clients with disabilities in accordance with applicable laws and regulations and if not in compliance, a plan is approved to achieve compliance and to provide service to persons with disabilities in the interim.	
Site is: <input type="checkbox"/> clean <input type="checkbox"/> well-lit <input type="checkbox"/> well-maintained	
If the site provides transportation for clients: <input type="checkbox"/> vehicles have current inspection stickers <input type="checkbox"/> passenger restraints are age-appropriate	
<input type="checkbox"/> Facility security procedures such as access to building and after hours security practice is in place (posted).	
<input type="checkbox"/> Emergency exit plan including provisions for staff and clients with mobility challenges is in place (posted).	

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**NOTE:**

The following table identifies the persons to be interviewed and the content to be covered during the interviews as required for assessing compliance with each standard. The interviewer formulates specific questions, as appropriate, to assess whether the required content is present and compliance is achieved.

<b>FUNCTION</b>	<b>STANDARD</b>	<b>PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD</b>
Command Support	1.1	With FFSC Staff: <ul style="list-style-type: none"> <li>• Knowledge of command mission.</li> <li>• Methods to initiate information flow with command.</li> </ul>
I & R	1.2	With FFSP Staff responsible for I&R: <ul style="list-style-type: none"> <li>• Knowledge of information provided.</li> <li>• Processes are in place to update the information at least annually.</li> </ul>
Deployment/Mobilization	1.3	With staff responsible for deployment support: <ul style="list-style-type: none"> <li>• Regular ongoing communications and program delivery to deployment customers.</li> </ul>
Ombudsman	1.4	With staff: <ul style="list-style-type: none"> <li>• Familiarity with the Ombudsman program.</li> <li>• Ability to provide referrals and consultation to the Ombudsmen as required.</li> </ul>
Life Skills Education	1.5	With staff: <ul style="list-style-type: none"> <li>• Knowledge of the process in place that is used to determine the course offerings.</li> <li>• Customer feedback is used for process improvement.</li> <li>• They have training and experience in the subject content of programs they conduct.</li> </ul>

<b>FUNCTION</b>	<b>STANDARD</b>	<b>PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)</b>
NPSP	1.6	<p>With FFSP staff:</p> <ul style="list-style-type: none"> <li>• Knowledgeable of NPSP services and methods to provide such services to the beneficiary population.</li> <li>• Knowledge of military and civilian resources pertinent to expectant and new parents</li> </ul> <p><u>NOTE:</u> If the FFSP does not have a NPSP position, only the second question is used.</p>
Crisis Intervention	2.1	<p>With management, administrative and counseling/FAP staff:</p> <ul style="list-style-type: none"> <li>• Know the procedures for handling after hours crises and follow-up requirements associated with the telephone answering machine or call forwarding service providing 24 hour emergency information.</li> <li>• Practice is consistent with documentation.</li> <li>• If the base/region conducts a disaster exercise, the FFSP participates.</li> </ul>
SAVI	2.2	<p>With staff responsible for SAVI:</p> <ul style="list-style-type: none"> <li>• Knowledgeable of their responsibilities and comply with the installation/regional instruction.</li> </ul>
Clinical Counseling	2.3	<p>With staff:</p> <ul style="list-style-type: none"> <li>• Practice is consistent with SOPs</li> <li>• Practice is within the authorized scope of services and modalities covered by core privileges and within their own skill capability.</li> </ul>
Clinical/FAP Record keeping	2.4	<p>With staff:</p> <ul style="list-style-type: none"> <li>• Practice with regard to security of records, confidentiality of records, maintenance and storage of records (to include electronics) is consistent with the requirements of this standard.</li> </ul>
Credentialing and Clinical Supervision	2.5	<p>With clinical providers:</p> <ul style="list-style-type: none"> <li>• The type of supervision/ consultation provided by supervisory staff.</li> <li>• Clinical supervision received by Tier I providers is consistent with their written supervision plan.</li> <li>• Peer review/consultation is available to Tier II or Tier III clinical providers and documented when sought.</li> <li>• Independent clinical decisions and independent clinical group leadership are done only by Tier II and III providers.</li> </ul> <p>With supervisor(s):</p> <ul style="list-style-type: none"> <li>• Verifies peer review and consultation practices are in place for staff and self.</li> </ul>



FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
FAP	2.6	<p>With FAP, CRC Chair, FAO:</p> <ul style="list-style-type: none"> <li>Knowledgeable of the scope of FAP services provided and of the respective roles and responsibilities of the FAO, FAR, FAC, CRC and other involved agencies, e.g. NCIS, Base Security, CPS and MTF.</li> </ul>
FAP ED	2.7	<p>With FAR, and FFSP staff responsible for FAP education and training programs:</p> <ul style="list-style-type: none"> <li>Knowledgeable of the needs assessment process used to determine course offerings.</li> <li>Customer feedback is used for process improvement.</li> <li>Presenters have training and experience with the subject content for the programs they conduct.</li> <li>Familiarity with local military and civilian resources that offer secondary prevention and education programs.</li> </ul>
FAP assessment and Case Management	2.8	<p>With FAR, FAS, FAP Counselors/Case Managers, FFSP staff responsible for FAP records management, clinical counselor, FVA, as applicable:</p> <ul style="list-style-type: none"> <li>Knowledge of proper procedures for safety and risk assessments, safety responses, case management, referrals and case closure procedures.</li> <li>Knowledge of their roles in relation to other military and civilian agencies in the investigation and assessment of cases.</li> </ul>
FAP Interviews	2.9	<p>With FAR, other case managers, NCIS, FFSP staff responsible for conducting FAP interviews:</p> <ul style="list-style-type: none"> <li>Knowledge of and adherence to victim and offender rights.</li> <li>Knowledge of policy and procedures for interviewing children.</li> <li>Able to describe coordination with military and civilian law enforcement and children protection services.</li> <li>Knowledge of assessment and intervention resources in the military/civilian community for victims of child and spouse abuse, offenders and children in homes where abuse has occurred.</li> </ul>
Victim Advocacy	2.10	<p>With FAR, FAP staff and FVA (if on staff):</p> <ul style="list-style-type: none"> <li>Knowledge of procedures for providing all listed victim advocacy services (with exception of transporting and accompaniment is FVA is not on staff).</li> <li>Knowledge of their specific role in providing services to victims.</li> <li>Knowledge of military and civilian resources pertinent to victims.</li> </ul>

<b>FUNCTION</b>	<b>STANDARD</b>	<b>PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)</b>
Relocation	3.1	<p>With FFSP staff:</p> <ul style="list-style-type: none"> <li>• Knowledge of and able to link the client with appropriate service or resource. At a minimum this includes financial planning/management, stress management, entitlements/cost of moving, home buying and selling, property management, shipments/storage of household goods and base check-in/check-out procedures.</li> </ul>
TAMP	3.2	<p>With Command Career Counselors (CCC) and command leadership:</p> <ul style="list-style-type: none"> <li>• TAMP meets command needs.</li> </ul> <p><u>NOTE:</u> This may be addressed via a Focus Group vice interviews.</p> <p>With TAMP personnel:</p> <ul style="list-style-type: none"> <li>• Ongoing communications with CCCs to gather data for reporting requirements.</li> <li>• Coordination with TAMP and SEAP and that information provided to customers is the same in both programs.</li> <li>• Staff monitors the three to four day TAP seminar.</li> </ul>
SEAP	3.3	<p>With staff responsible for SEAP:</p> <ul style="list-style-type: none"> <li>• Coordination with TAMP and SEAP and information provided to customers is the same for both programs.</li> <li>• Knowledgeable of unique challenges of spouses in the local area.</li> <li>• Coordination with local community resources.</li> </ul>
PFM	3.4	<p>With staff:</p> <ul style="list-style-type: none"> <li>• Knowledge of local military and civilian resources.</li> <li>• Provision of financial education programs and/or counseling assistance.</li> </ul>

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
Personnel Management	4.1	<p>With FFSP management:</p> <ul style="list-style-type: none"> <li>Follow up with HRO or their POC to expedite personnel actions.</li> <li>Work schedules are adjusted to accommodate program, budget or operational changes that include: Approved leave, special events, holidays, training requirements, changes to hours of operation, TAD/TDY, customer usage data and budget guidance regarding staff labor costs.</li> <li>Direct involvement and/or awareness of Navy-wide efforts to achieve Most Efficient Organizations either by A-76 studies, Functionality Assessments, or by local initiatives.</li> <li>Any staff working with children has a completed NAC/NACI before working directly with children.</li> <li>Knowledgeable of and support the need for on-going staff training and have developed a mechanism to prepare, monitor and track staff training requirements.</li> <li>A system is in place to preclude potential conflict of interest by staff, volunteers and individuals from outside agencies from using the FFSP to solicit personal business or to achieve personal gain.</li> <li>If assigned RAO, can articulate specific support provided.</li> </ul> <p>With staff responsible for the volunteer program:</p> <ul style="list-style-type: none"> <li>Knowledgeable of the effective use and supervision of the volunteers.</li> </ul>
Financial Management	4.2	<p>With FFSP management:</p> <ul style="list-style-type: none"> <li>Provide input to POM, Budget, mid-year and end of year funding requests and can articulate current APF funding status, shortfalls and subsequent impact.</li> <li>Knowledge of the APF procurement system.</li> </ul> <p>With Comptroller Office staff:</p> <ul style="list-style-type: none"> <li>FFSP staff are knowledgeable about the funding process and confer with comptroller staff on a regular basis to confirm accuracy of budget, obligations, and execution status.</li> </ul>
Marketing	4.3	<p>With staff:</p> <ul style="list-style-type: none"> <li>Knowledgeable about marketing efforts and how to promote their program and overall FFSP programs.</li> </ul> <p>With persons responsible for marketing:</p> <ul style="list-style-type: none"> <li>Knowledge about marketing plan, development of marketing materials, distribution of information/materials, cost effectiveness, etc.</li> </ul>

<b>FUNCTION</b>	<b>STANDARD</b>	<b>PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)</b>
Facilities	4.4	With management: <ul style="list-style-type: none"> <li>• Able to describe actions taken regarding facility and safety issues.</li> </ul>
Contract Management	4.5	With COR/ACOR/CTA and Contractor, if on site: <ul style="list-style-type: none"> <li>• Knowledgeable of contracting.</li> <li>• Seeks assistance from the Contracting Officer when appropriate.</li> <li>• Accessible to the contractor for technical consultation.</li> </ul>
Quality Assurance	4.6	With randomly selected FFSP staff: <ul style="list-style-type: none"> <li>• Knowledgeable of quality assurance plan.</li> <li>• Able to discuss methods used to provide input into the quality assurance plan and the annual update.</li> </ul>
Data Collection and Reports	4.7	With Director, FAR, Chief of Clinical Services, IT staff if applicable, administrative staff and program managers: <ul style="list-style-type: none"> <li>• Knowledgeable of the data collection system.</li> </ul>
Privacy Act	4.8	With FFSP staff: <ul style="list-style-type: none"> <li>• Privacy Act Statement forms are provided to clients (or the provisions are verbally described to clients for telephone interviews) prior to requesting private information; is explained to all clients; signed by all clients; and witnessed by an FFSP service provider. This includes identification of active duty members who are members of the PRP.</li> </ul>

## SAMPLE FOCUS GROUP QUESTIONS

1. How does the FFSP make you aware of its programs and services? \_\_\_\_\_
2. Describe the type of contact you have had with the FFSP in the past year? \_\_\_\_\_
3. How accessible is the Fleet and Family Support Program to service members and families you represent? \_\_\_\_\_
4. How responsive is the FFSP to requests for programs and/or services? \_\_\_\_\_
5. If you have made referrals to the FFSP, give examples of outcome(s). \_\_\_\_\_
6. How well do you think that the FFSP provide training and support? \_\_\_\_\_
7. How do you think confidentiality is adhered to within the FFSP. \_\_\_\_\_
8. How satisfied are you with the services/ programs? \_\_\_\_\_

Questions should be adapted for each focus group. Focus group participants will be provided a list of FFSP programs/services so they can address any of the programs/services they have had experience in and we focus on what they know. See the next page for the standard reference and the elements to be reviewed.

## FFSP Accreditation Team Management Guide

FOCUS GROUP	STANDARD	ELEMENTS TO BE REVIEWED
Command Consultation	1.1	<ul style="list-style-type: none"> <li>Staff initiates contact with command and maintains on-going communication.</li> <li>FFSP services are accessible and targeted to meet command needs</li> </ul>
Deployment	1.4	(Ombudsman, senior leadership) <ul style="list-style-type: none"> <li>FFSP is involved with in pre-deployment briefs, consultation during deployment and involvement with return and reunion</li> </ul>
Ombudsman	1.5	(Ombudsman, senior leadership) <ul style="list-style-type: none"> <li>The FFSP provides support</li> </ul>
Life Skills Education	1.6	Current course offerings are responsive to local need
Relocation	2.1	Availability and adequacy of relocation assistance programs for the particular site.
TAMP	2.2	(Command Career Counselor and command leadership) <ul style="list-style-type: none"> <li>Indicate TAMP program meets command needs</li> </ul>
SEAP	2.3	Indicate knowledge of SEAP
PFM	2.4	Awareness services are available PFM staff is knowledgeable and accessible
FAP	3.4	<ul style="list-style-type: none"> <li>Are knowledgeable of FAP services and are aware of their respective roles in family advocacy</li> <li>Perceive FAP as responsive to local needs</li> </ul>
FAP ED	3.6 (3.5)	<ul style="list-style-type: none"> <li>Indicate they are aware of FAP education and training programs.</li> <li>Current course offerings are responsive to local needs.</li> </ul>
Financial Management	4.2	(Comptroller) Indicates the FFSP staff confers with comptroller staff on a regular basis to confirm accuracy of budget, obligation and execution status.
Quality Assurance	4.6	Indicates the FFSP programs and services are of good quality and meet customer needs

**FFSP PRELIMINARY ACCREDITATION REPORT**  
**(Date)**  
**(Name of Installation)**

**AREAS OF STRENGTHS**

*List all programs that are viewed as excellent and you feel the chain of command should be aware of. Include information obtained from the review, interviews and observations and focus group comments.*

**OBSERVATIONS AND ACTIONS REQUIRED**

**Capability 1: Deployment Readiness**

**Standard 1.1    Command Consultation And Support**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 1.2    Information And Referral (I&R) Services**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 1.3    Deployment And Mobilization Support**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 1.4 Ombudsman Support**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 1.5 Life Skills Education**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 1.6 New Parent Support Program (NPSP)**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Capability 2: Crisis Response**

**Standard 2.1 Crisis Intervention, Disaster and THREATCON Preparedness**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*



**Standard 2.2 Sexual Assault Victim Intervention Program (SAVI)**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.3 Clinical Counseling**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.4 Clinical/FAP Record Keeping**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.5 Credentialing And Clinical Supervision**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.6 Family Advocacy Program (FAP)**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.7 FAP Education And Training**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.8 FAP Assessment And Case Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.9 FAP Education And Training**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 2.10 Victim Advocacy**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Capability 3: Career Support Retention**

**Standard 3.1 Relocation Assistance Program (RAP)**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 3.2 Transition Assistance Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 3.3 Spouse Employment Program**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 3.4 Personal Financial Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Capability 4: Management Support**

**Standard 4.1 Personnel Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.2 Financial Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.3 Marketing**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.4 Facilities And Equipment Maintenance**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.5 Contract Management**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.6 Quality Assurance (QA)**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.7 Data Collection**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.8 Privacy Act Provisions**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**Standard 4.9 Community Partnerships**

**Observation:**

**Action Required:**

**Evidence Of Compliance:**

*This section is only used if a follow-up action is required. This section lists what the site should send to PERS-66 as documentation that corrective action has been taken. Delete entire section when there are no actions required.*

**FFSP ACCREDITATION TEAM MEMBERS - SIGNATURE PAGE FOR  
PRELIMINARY ACTION REPORT**  
(Date)  
(Location)

All Team Members Sign And Fax To Pers-660 Immediately After The Visit  
Mail The Original.

_____ Name (Team Leader)	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title

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## **ACCREDITATION TEAM MEMBER CODE OF CONDUCT**

**While acting on behalf on PERS-6, Accreditation Team Members are expected to:**

1. Be alert to and avoid conflicts of interest while conducting a site visit, disclosing actual or apparent conflicts of interest to PERS-660.
2. Maintain objectivity in performing all accreditation activities.
3. Rate fairly on a standard-by-standard basis and stay within scope of the standards.
4. Display cultural sensitivity and respect the unique characteristics, differences, and accomplishments of all cultures.
5. Treat all information, materials and observations as confidential, discussing and/or otherwise disclosing them only with other team members, appropriate PERS-66 staff and PERS Accreditation Program Manager as necessary to perform a site visit, except as required to fulfill a professional or legal obligation to report an observation to a regulatory entity. Team Leader and PERS-66 staff should be consulted prior to report.
6. Avoid socializing with staff and volunteers under review.
7. Not create the impression that a decision has been reached about accreditation.
8. Not create the impression that any Team Member has the authority to determine whether an activity achieves Accreditation.
9. Be prompt for meetings and interviews throughout the on-site review process.
10. Maintain a respectful attitude toward staff, clients, and volunteers, PERS-66 staff and other Team Members.
11. Use accurate, objective and respectful language in all written or verbal communication.
12. Seek the advice and counsel of fellow Team Members, the Team Leader or appropriate PERS-66 staff, when confronted with problems in interpreting standards and other issues related to the on-site review.

### **ACCREDITATION TEAM MEMBER CODE OF CONDUCT (cont.)**

13. Not participate in or condone acts of dishonesty, fraud, or deception.
14. A team member is expected to excuse him or herself from the team if personal problems, distress, or other difficulties may interfere with his or her professional judgment and performance.
15. Not personally criticize persons or aspects of the activity undergoing Accreditation.
16. While serving on the Team, not engage in public debate about the standards, on-site review processes, or other issues surrounding Accreditation.

***I agree to adhere to the Accreditation Team Member Code of Conduct:***

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NAME *(Please Print)*

---

SIGNATURE

---

DATE

**SAMPLE AGENDA FORMAT (1)**  
**(XXX INSTALLATION/ACTIVITY)**  
**ACCREDITATION TEAM AGENDA**  
**(DATE)**

***Monday, XX July 03***

0800-0915	Team Meeting	
0915-0945	Accreditation Team in brief with FFSC Director and staff	
0945-1015	Overview of XX FFSP (FFSC Director)	
1030-1100	Accreditation Team in brief with Commanding Officer/Executive Officer, Naval Station XX	
1100-1230	Windshield Tour of Naval Station and lunch (USUALLY FOR ADMIN REVIEWERS--CLINICAL AND FAP BEGIN REVIEW)	
1230	Begin review	
1230-1530	Team Member w/XX	4.1 Personnel Management
	Team Member w/XX	4.5 Contract Management
		4.7 Data Collection
		4.4 Facilities Management
	Team Member w/XX	1.1 Command Consultation
		1.6 Life Skills Education and Support
	Team Member w/XX	2.3 Spouse Employment Assistance
		2.2 Transition Management Assistance
	FAP/Counseling Sub Group w/XX	3.1 Clinical Counseling
	FAP Reviewer w/XX	3.2 Clinical Record Keeping
		3.3 Credentialing and Clinical Supervision
		4.8 Privacy Act
		3.5 FAP Education
		3.4 Family Advocacy Program
		3.6 FAP Assessment and Case Management
		3.7 FAP Interviews
1530	Team wrap up and Out brief with FFSC Director	

## ***Tuesday, XX July 03***

0800-1130	Continue Review	
	Team Member w/XX	4.2 Financial Management
	Team Member w/XX	4.6 Quality Assurance 4.9 Community Partnerships 4.3 Marketing
	Team Member w/xx	1.5 Ombudsman Support 2.1 Relocation Assistance 2.5 Personal Financial Management
	Team Member w/XX	1.7 SAVI (more specific time TBD)
	FAP Counseling subgroup w/XX	Continue from previous day
1130-1230	Lunch	
1230-1500	Team Member w/XX	1.2 Information and Referral 1.4 Deployment and Mobilization Support 4.1 Volunteer Management
	Team Member w/XX	3.8 New Parent Support 3.9 Victim Advocacy
	FAP Subgroup w/XX	1.3 Crisis Intervention, Disaster and Threatcon
1330-1400	Interview with Comptroller Staff	
1300-1400	FAP/Counseling Subgroup to meet with Case Review Committee Co-chair	
1530	Team wrap-up and outbrief with FFSC Director	

***Wednesday, XX July 03***

0800-1130	Interviews and follow-ups as necessary (All)
1130-1230	Lunch
1230-1330	Focus group with CMC, Naval Station XX and tenant command master and senior chiefs, Senior Staff Chaplain, and Ombudsman (half the team)
1330-1530	Team members report out to Team Leader; provide written summary in required format (Tab F in Handbook)
1530-1600	Team Wrap Up and Outbrief with FFSC Director

***Thursday, XX July 03***

0800-1000	Team Leader finalize report and brief
1000-1100	Team Outbrief with FFSC Director and staff
1100-1130	Outbrief with CO/XO
1130-1200	Wrap Up with FFSC Director
1200-1300	Lunch

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## SAMPLE AGENDA FORMAT (20) NAVY (XX) REGION DRAFT AGENDA (DATE)

### *Monday, XX June 03*

0800–1000	Team meeting
1000–1100	In brief with FFSP Director and all FFSC and FAP staff, FFSC
1100–1300	In brief with Regional QOL Director
11:30	Team re-group and lunch
1300–1600	Begin review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.1 Personnel Management	1300-1420	FFSC	
		1430-1550	FAP	
	4.2 Contract Management	1300-1330	FAP	
	4.6 Quality Assurance	1330-1420	FAP	
		1430-1530	FFSC	
	1.1 Command Consultation & Support	1410-1515	FFSC	
	1.2 Information and Referral	1300-1400	FFSC	
	2.1 Relocation Assistance	1300-1600	FFSC	
	3.1 Clinical Counseling	1300-1600	FFSC	
	3.2 Record Keeping			
	3.3 Credentialing/Supervision		FAP	
	3.6 FAP Assessment/Case Mgt			
	3.7 FAP Interview			

1600–1630      Team wrap-up and De-brief FFSP Director

## ***Tuesday, XX June 2003***

0800–1200

Continue review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.2 Financial Management	0830-0930		Comptroller Staff:
		0945-1045	FFSC	
		1100-1200	FAP	
	4.7 Data Collection & Reports	0800-0845	FAP	
		1045-1145	FFSC	
	4.8 Privacy Act Provisions	0845-0930	FAP	
		0945-1030	FFSC	
	1.3 Crisis Intervention, Disaster & Threatcon Preparedness	0930-1030	FFSC	
	1.4 Deployment & Mobilization Support	0800-0915	FFSC	
	2.2 Transition Assistance Program	0800-0930	FFSC	
	2.3 Spouse Employment Program	0945-1115	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping 3.3 Credentialing/Supervision	0800-1200	FFSC	
	3.6 FAP Assessment/Case Mgt 3.7 FAP Interview		FAP	

1100-1130

FAP Subgroup Representatives to meet with NCIS Agent(s)

1130–1230

Lunch



***Tuesday, XX June 2003 (cont.)***

1230–1530      Continue Review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.3 Marketing	1230-1315	FFSC	
	4.4 Facility & Equipment Management	1230-1315	FAP	
		1330-1430	FFSC	
	4.9 Community Partnerships	1445-1530	FFSC	
	1.5 Ombudsmen Support	1330-1400	FFSC	
	1.6 Life Skills Education	1415-1500	FFSC	
	2.4 Personal Financial Management	1430-1530	FFSC	
	1.7 SAVI	1230-1330	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping 3.3 Credentialing/Supervision	1300-1530	FFSC	
	3.6 FAP Assessment/Case Mgt		FAP	
	3.7 FAP Interview			

1430-1530      FAP Subgroup Representative to meet with Family Advocacy Officer

1530–1700      Team wrap up and de-brief FFSP Director

***Wednesday, XX June 2003***

0800–0900	Interview Follow-ups (All)
0900–0930	Team Focus Group Preparation
0930–1015	Focus Group with 6 – 8 Ombudsmen & Chaplains (half the team due to size)
1030–1130	Focus Group with 6 – 8 CMCs, Xos and COs (half the team due to size)
1130–1230	Lunch
1230–1600	Organize Focus Group feedback consolidation by standard

<b>Team Member</b>	<b>Standard</b>	<b>Time</b>	<b>FFSC or FAP</b>	<b>FFSC or FAP Staff Members or Others</b>
	3.9 New Parent Support (summary write-up only since NPS is Joint so won't be reviewed)			
	3.10Victim Advocacy	1230-1330	FAP	
	3.4 Family Advocacy	1230-1315	FAP	
	3.5 FAP Education & Training	1500-1600	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping	1330-1600	FFSC	
	3.6 FAP Assessment/Case Mgt 3.7 FAP Interview	1230-1445	FAP	

1600–1630      Team wrap up & De-brief FFSP Director

***Thursday, XX June 2003***

0800–0830	Team Meeting
0830–0900	FAP Subgroup Representative to meet with Chair, Case Review Committee
0900-TBD	Navy Region XX CRC Committee meeting
0830–1200	Individual Follow-up as Necessary
1200–1300	Lunch
1300–1500	Team member report out to Team Leaders; provide written summary of areas not in compliance with standard and recommended actions required to be in compliance.
1500–1600	Team Meeting
1630–1700	De-brief with FFSP Director

***Friday, XX June 2003***

0800–1000	Team Leader Finalize Report
1000–1100	Team Outbrief with FFSC Director and Staff
1100–1200	Team Re-work as necessary
1200–1300	Lunch
1300–1330	Outbrief with Regional Chief of Staff, Executive Officer
1400-1500	Final team Wrap-up with FFSP Director

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## TEAM LEADER AND TEAM MEMBER PERFORMANCE REVIEW

### Evaluation to be completed by Team Member

Site: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Team Leader: \_\_\_\_\_

Names of Team Members: \_\_\_\_\_

#### A. Evaluation of Team Leader:

1. Team leader was skilled and able to professionally interact with team members, site staff and Command to facilitate a positive experience.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

2. Was knowledgeable about FFSP policies and procedures?

☐ Yes    ☐ No    Comment: \_\_\_\_\_

3. Was knowledgeable about the accreditation policies and followed the process?

☐ Yes    ☐ No    Comment: \_\_\_\_\_

4. Team Leader demonstrated effective leadership skills to develop team consensus, preclude use of personal opinion and other group dynamics.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

5. Communicated well both orally and in writing as evidenced by the presentation of in and out briefs and preliminary accreditation report.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

6. Team Leader exhibited organizational skills both pre-site visit and during the review (e.g. ability to define and communicate logistic requirements, ability to adhere to schedules and deadlines, and general team organization.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

7. Describe this Team Leader's special strengths.

Comment: \_\_\_\_\_

\_\_\_\_\_

## FFSP Accreditation Team Management Guide

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8. Describe areas in which Team Leader could make improvements.

Comment: \_\_\_\_\_  
\_\_\_\_\_

9. I would recommend this individual as a team leader on future accreditation visits.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

### B. Evaluation of other Team Members:

1. The team members facilitated a positive experience and was able to interact effectively among team members, site staff members and Command.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

2. Team members were knowledgeable about FFSP Accreditation policies and followed process.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

3. Team members refrained from interjecting personal or professional preference with Site personnel and written findings.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

4. Team members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

5. Describe special strengths of any team members:

Comment: \_\_\_\_\_  
\_\_\_\_\_

6. Specify the area in which PERS-66 could provide additional training for any team members.

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Please return this form directly to:**

**Commander, Navy Personnel Command (PERS-660)  
FFSP ACCREDITATION EVALUATIONS  
5720 Integrity Drive  
Millington, TN 38055-6500**

## TEAM LEADER EVALUATION OF TEAM MEMBERS' PERFORMANCE

### Evaluation to be completed by Team Leader

Site: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Team Leader: \_\_\_\_\_

Names of Team Members: \_\_\_\_\_

#### A. Evaluation of Team Members:

1. Team Members facilitated a positive experience and were able to interact effectively among team members, site staff members and Command.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

2. Team Members were knowledgeable about FFSP Accreditation policies and followed process.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

3. Team Members refrained from interjecting personal or professional bias with Site personnel and written findings.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

4. Team Members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

5. Team Members were proactive in seeking evidence of organization compliance with the standards.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

6. Describe special strengths of any team members:

Comment: \_\_\_\_\_

7. Specify the area in which PERS 66 could provide additional training for any team members.  
(Describe by member):

Comment: \_\_\_\_\_

## FFSP Accreditation Team Management Guide

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8. List any team members who have demonstrated leadership skills to be considered for a potential team leader:

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Evaluation of Pers-66 Support:

1. Prior to site visit, PERS-66 Staff provided all pertinent and required materials in advance.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

2. Site visit was scheduled and confirmed with the activity six months in advance.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

3. When called upon, PERS-66 staff members were responsive and helpful.

Pre-visit:    ☐ Yes    ☐ No    Comment: \_\_\_\_\_

During the visit:    ☐ Yes    ☐ No    Comment: \_\_\_\_\_

Post-visit:    ☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

4. All travel and logistical requirements were processed appropriately.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

5. Team Leader and Members were assigned commensurate with experience and expertise required for site visit and scope of review.

☐ Yes    ☐ No    Comment: \_\_\_\_\_  
\_\_\_\_\_

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5720 Integrity Drive  
Millington, TN 38055-6500**



## ACTIVITY ASSESSMENT OF TEAM MEMBERS’ PERFORMANCE

### Evaluation to be completed by FFSP STAFF

Site: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Team Leader: \_\_\_\_\_

Names of Team Members: \_\_\_\_\_

#### A. Evaluation of Accreditation Members:

1. Team Members facilitated a positive experience and were able to interact effectively with staff members and command.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

2. Team Members were knowledgeable about FFSP policies and procedures for the areas they reviewed.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

3. Team Members were knowledgeable about FFSP Accreditation policies and followed the ascribed process.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

4. Team Members were proactive in seeking evidence of organization compliance with the standards.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

5. Team Members refrained from interjecting personal or professional bias in interactions and written findings.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

## FFSP Accreditation Team Management Guide

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6. Team Members were prepared, stayed on schedule or advised staff of changes.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

7. Team Members conducted themselves in a professional and courteous manner throughout the visit.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

8. The in-brief and out-brief to staff clearly established the process to be followed and the outcome of the accreditation visit.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

\_\_\_\_\_

9. Describe special strengths of any team members.

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Specify the area in which PERS 66 could provide additional training for any team members.

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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FFSP ACCREDITATION EVALUATIONS  
5720 Integrity Drive  
Millington, TN 38055-6500**

## ACTIVITY ASSESSMENT OF TEAM PERFORMANCE

### Evaluation to be completed by FFSP Director

Site: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Team Leader: \_\_\_\_\_

Names of Team Members: \_\_\_\_\_

#### A. Evaluation of PERS-66 Support:

1. Prior to site visit, PERS-66 Staff provided all pertinent and required materials in advance.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

2. Site visit was scheduled and confirmed with the activity six months in advance.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

3. When called upon, PERS-66 staff members were responsive and helpful.

Pre-visit:            ☐ Yes    ☐ No    Comment: \_\_\_\_\_

During the visit:    ☐ Yes    ☐ No    Comment: \_\_\_\_\_

Post-visit:           ☐ Yes    ☐ No    Comment: \_\_\_\_\_

4. Team Leader and Members were assigned commensurate with experience and expertise required for site visit and scope of review.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

#### B. Evaluation of Team Leader:

1. Prior to the site visit, the team leader contacted the activity in a timely fashion, clarified and confirmed the site visit schedule, travel and logistic arrangements, returned phone calls, etc.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

2. The team leader was well prepared to conduct the in brief and out brief for FFSP staff and command.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

## FFSP Accreditation Team Management Guide

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3. The team leader was knowledgeable about FFSP policies and procedures and the accreditation process.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

4. The team leader was proactive in seeking evidence of organization compliance with the standards.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

5. The team leader was able to assess organization compliance without interjecting personal or professional bias, including consultation.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

6. The team leader provided the draft written report to the activity with clearly defined summary of actions required to meet compliance with the standards.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

7. The team Leader was skilled and able to professionally interact with FFSP staff to facilitate a positive experience.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

8. Describe this Team Leader's special strengths:

Comment: \_\_\_\_\_

9. Describe areas in which Team Leader could make improvements:

Comment: \_\_\_\_\_

10. I would recommend this individual as a team leader on future accreditation visits.

*(If no, specify reasons)*

☐ Yes    ☐ No    Comment: \_\_\_\_\_

**C. Evaluation of Team Members:**

1. Team Members facilitated a positive experience and were able to interact effectively among team members, site staff members and command.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

2. Team Members were knowledgeable about FFSP Accreditation policies and followed process.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

3. Team Members were proactive in seeking evidence of organization compliance with the standards.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

4. Team Members refrained from interjecting personal or professional preference with site personnel and written findings.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

5. Team members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

☐ Yes    ☐ No    Comment: \_\_\_\_\_

6. Describe special strengths of any team members;

Comment: \_\_\_\_\_

7. Specify the area in which PERS 66 could provide additional training for any team members.

Comment: \_\_\_\_\_

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE



### Tab B

#### In-brief and Out-brief Presentation

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#### **TAB B CONTENTS**

This Tab contains Examples of the In-brief and Out-brief PowerPoint presentations to the command and site staff. Team Leaders should ensure the templates are available on disk.

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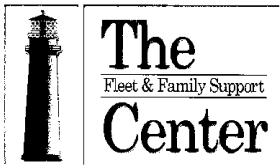




***FFSP ACCREDITATION***  
***IN-BRIEF***

***Installation/Base Name***  
***Date***

1



**Team Members**

**XXX (Team Leader)**  
Title

**XXX**  
Title

2



## Accreditation Review Objectives

- Assess compliance with FFSP Accreditation Standards and develop a report highlighting any findings requiring corrective action.
- Achieve Accreditation Decision for (Name of Installation/Base)
  - Meets SECNAV requirement that each FFSP be evaluated every 3 years

3



## Background

- PERS-6 tasked Working Group in Nov 01 to develop standards based on legal and regulatory requirements and to recommend objective review process.
- Standards finalized January 2003 – extensive input from field and Five pilot accreditation test sites
- Handbook addresses process, method of review, and compliance criteria – useful as self-study.
- Jan 03 version currently on the web – will be updated as needed.

4



## 29 Program Standards

- Standards based on legal and regulatory requirements
  - “Expanded” upon FFSP management responsibilities
- Standards grouped by:
  - Deployment Readiness
  - Crisis Response
  - Career Support/Retention
  - Program Management
- Includes FFSC and FAP -- 1<sup>st</sup> time for FAP review
- Compliance determined by:
  - Review of written documents
  - Records review (clinical and FAP)
  - Interviews with FFSP and other command personnel
  - Focus groups senior leadership, ombudsmen and chaplains

5



## On-Site Accreditation Process

- Checks and balances help ensure objective review
- On-site review per established agenda
- Daily de-briefs with FFSP Director
- Opportunity to correct deficiencies before team leaves
- Written summary of observation and actions required to correct deficiencies provided at out-brief (no numeric score or grade)
  - Staff has opportunity to provide additional info and to comment or explain each non-validated criterion
- Team submits recommendations to Program Manager for “preliminary” accreditation report
- Command evaluates team, team leader, PERS-66 Program Support

6



**The**  
Fleet & Family Support  
**Center**

## Accreditation Decision Process

- Program Manager (PERS-66) sends official report via Chain of Command within 30 days of visit
- Site responds immediately with POA&M to PERS-660
- Command has 90 days to submit documentation that corrective action to meet the standards has been taken or to reclamation a finding
- Program Manager makes accreditation decision
  - If approved, certificate is valid for 3 yrs
  - If not initially approved, specific reasons and action required will be provided
- If not initially approved, programs may appeal within 30 days
- New Accreditation Advisory Council will review all non-approved accreditation decisions.

7



**The**  
Fleet & Family Support  
**Center**

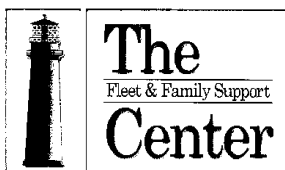
# *Thank You!*

*Out-Brief tentatively scheduled for:*

*Date*

*Time*

8



# FFSP ACCREDITATION OUTBRIEF

*Installation/Base Name*

*Date*

1



## 29 Program Areas Reviewed

Includes FFSC and FAP -- 1<sup>st</sup> time for FAP review)

- **Crisis Response and Counseling**
  - Family Advocacy Program
  - Clinical/FAP Record Keeping
  - FAP Education and Training, Assessment and Case Management
  - Crisis Intervention and Threat Preparedness
- **Deployment/Readiness**
  - Command Consultation & Support
  - Life Skills Education
  - Relocation Assistance
  - Ombudsmen Support
  - Deployment and Mobilization Support
- **Career Support & Retention**
  - Transition Assistance
  - Personal Financial Management
  - Employment Assistance
  - Relocation Assistance
  - Spouse Employment Assistance
- **Management**
  - Personnel, Financial, Facility, and Contract Management
  - Quality Assurance
  - Data Collection and Reports
  - Marketing
  - Community Partnerships

2



## How We Determined Compliance

- Review of written documentation
- Review of clinical & FAP client records
- Interviews with FFSP staff & other command personnel
- Focus groups with (List names of command represented in focus group)

3



## On-Site Accreditation Process

- Daily de-briefs with FFSP Director – staff took every opportunity to correct deficiencies before team leaves.
- Written summary of observation and actions required to correct deficiencies provided at out-brief - no numeric score or grade.
- Team submits report to Program Manager for “Preliminary” accreditation report.
- Installation/Region evaluates team, team leader, and Program Manager and Process

4



## Results Positive ... Strong Program Areas

- List all strengths identified in the report

5



## Areas Requiring Follow-Up

- (List all areas requiring follow-up action and methods to assess compliance).
  - Summarize and consolidate where it makes sense.

6



## Accreditation Decision Process

- Program Manager (PERS-66) sends official report via Chain of Command within 30 days of visit
- Site must respond to PERS-66 with POA&M
- Command has 90 days after receipt of official report to submit documentation that corrective action to meet the standards has been taken or to reclamation a finding
- Program Manager (PERS-66) makes accreditation decision, forwards accreditation certificate valid for 3 years

7



*Thank You*  
*for Your Superb Support*  
*and Hospitality!*

8



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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Tab C

### Sample Completed Preliminary Accreditation Report

---

#### **TAB C CONTENTS**

This Tab contains a Sample Preliminary Report. See Tab A for a Format (template) to use for completing the report.

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**SAMPLE OF COMPLETED  
FFSP PRELIMINARY ACCREDITATION REPORT  
(DATE)  
(LOCATION)**

**AREAS OF STRENGTHS**

- The FFSP staff at \_\_\_\_\_ demonstrated a number of notable program strengths that include:

*List all programs that are viewed as excellent and you feel the chain of command should be aware of. Include information obtained from the review, interviews and observations and focus group comments.*

**OBSERVATIONS AND ACTIONS REQUIRED**

**CAPABILITY 1: DEPLOYMENT/READINESS**

**STANDARD 1.1 COMMAND CONSULTATION AND SUPPORT**

**OBSERVATION:** Review of written documentation indicates a well-organized process to provide on-going contact with commands through the Command Outreach Program. FFSP follows up on command contacts to include a monthly contact summary maintained by the Life Skills Education Specialist. Weekly SITREPS to the Commanding Officer demonstrates on-going contact with local commands through programs and meetings. Records and interviews indicate all staff is actively involved in command outreach program. Focus group reported close, cooperative relationship. FFSC staff is responsive to needs of command and service members.

**ACTION REQUIRED:** None.

**STANDARD 1.2 INFORMATION AND REFERRAL (I&R) SERVICES**

**OBSERVATION:** The FFSP I&R program embodies a continuum of assistance that include referrals, answering questions and information sharing. Review of written materials indicates that the FFSP coordinates with military and community agencies to provide accurate and current information to its customers.

**ACTION REQUIRED:** None

### **STANDARD 1.3 DEPLOYMENT AND MOBILIZATION SUPPORT**

**OBSERVATION:** Full array of deployment support programs are offered and provided as requested by commands. Customer feedback is used for program improvement. All program curricula is reviewed annually (Nov). Return and Reunion programs provided to individual ships and to CB Det returning to CONUS. FFSC has provided mobilization briefings to activated reservists most of whom have stayed on island and to activated reservists.

**ACTION REQUIRED:** None.

### **STANDARD 1.4 OMBUDSMAN SUPPORT**

**OBSERVATION:** FFSP has trained staff who provides outstanding support to the Ombudsman community and maintain current rosters. Documentation indicates communication with Ombudsman on a regular basis. FFSP support of the program resulted in strong Ombudsman and command personnel attendance at a recent Ombudsman Assembly.

**ACTION REQUIRED:** None.

### **STANDARD 1.5 LIFE SKILLS EDUCATION**

**OBSERVATION:** Appropriate Life Skills programs are offered, with a process in place to ensure programs are meeting customer need. FFSP has a Programs Committee that meets monthly to review program delivery and evaluations. Minutes from these meetings clearly provide insight to trends, customer feedback, recommended changes in programs, and targeted marketing. Evaluation forms are used for both internal and external evaluation.

**ACTION REQUIRED:** None

### **STANDARD 1.6 NEW PARENT SUPPORT PROGRAM (NPSP)**

**OBSERVATIONS:** FFSC does not have a NPS Program, however interviews with staff and documentation review indicates close coordination with and referral to local military and community programs and resources.

**ACTION REQUIRED:** None

## CAPABILITY 2: CRISIS RESPONSE

### STANDARD 2.1 CRISIS INTERVENTION, DISASTER AND THREATCON PREPAREDNESS

**OBSERVATION:** Interviews with staff members and documentation re Compliance will be verified by completed copies of record labels, findings forms, and intervention plan forms that address the actions required. Forms should be submitted to PERS-660 via the chain of command (identifying data should be deleted prior to submission). A minimum of one record label, completed findings form and completed intervention plan form should be submitted per clinician view indicates that SOPs exist for all types of crisis intervention; staff training is conducted as orientation for new staff and annually for all others and all staff are knowledgeable of their roles. A number of staff have been trained in Critical Incident Stress Management/ Debriefing. FFSC role is included in Regional Emergency Response Management Plan and FFSC participates in exercises. FFSC has SOP for establishing a Family Assistance Center on or off base in event of mass casualty or disaster. FFSC after hours' emergency calls are directed to CDO who contacts FFSC staff.

**ACTION REQUIRED:** None

### STANDARD 2.2 SEXUAL ASSAULT VICTIM INTERVENTION PROGRAM (SAVI)

**OBSERVATION:** Interviewed the SAVI Coordinator and reviewed SOPs, lesson topic guides, class rosters, SAVI Coordinating Committee minutes and participant's comments. The SAVI Coordinator is very knowledgeable and practice is consistent with regional and the FFSP instructions. The program is well managed and coordinated with command SAVI Advocates and POCs.

**ACTION REQUIRED:** None

### STANDARD 2.3 CLINICAL COUNSELING

**OBSERVATION:** SOPs, written documentation and clinical practice comply with the standard and demonstrate a commitment to the provision of high quality care to clients and commands. SOPs are clear, concise and comprehensive. XXX open cases and XXX closed case were reviewed for each clinician. Records documentation was excellent. There were no discrepancies found in case documentation, treatment plan formulation or interventions.

**ACTION REQUIRED:** None.

## **STANDARD 2.4 CLINICAL/FAP RECORD KEEPING**

**OBSERVATION:** SOPs and practice indicate that all aspects of case record security and daily record management are adhered to. Staff interviews indicated knowledge and compliance with SOPs.

**ACTION REQUIRED:** None

## **STANDARD 2.5 CREDENTIALING AND CLINICAL SUPERVISION**

**OBSERVATION:** All clinical providers are credentialed and practice is consistent with the level of qualifications. No privileging authority is established and privileging status was not assessed pending the establishment of a privileging authority.

**ACTION REQUIRED:** None

## **STANDARD 2.6 FAMILY ADVOCACY PROGRAM (FAP)**

**OBSERVATION:** Excellent execution and organization of the overall Family Advocacy Program structure. Instruction and practice is consistent with the DoD/Navy directives. Strong interdisciplinary Family Advocacy Program, that is the result of consistent high quality training given by FFSC/FAP personnel. CRC members are appointed in writing and there is clear documentation of all required meetings.

**ACTION REQUIRED:** None

## **STANDARD 2.7 FAP EDUCATION AND TRAINING**

**OBSERVATION:** Reviews of written documentation and staff interviews indicate the FFSC has an outstanding FAP education and training program. The training program is comprehensive and well organized and includes all required FAP education programs and all secondary prevention programs. The programs contain all required content and are provided on a regular and ongoing basis. Course comment sheets consistently indicate that the programs are effective and well received. Tracking sheets validate completion of training by CRC members and other required groups. SOPs for FAP educational programs and secondary prevention programs are detailed and professional and contain

content appropriate to the various target audiences. Interviews with FFSC staff members indicate extensive and detailed knowledge of the process used to determine course offerings and to accomplish process improvement for education programs. Staff members who present the programs have extensive experience in the content areas they present.

**ACTION REQUIRED:** None

## **STANDARD 2.8 FAP ASSESSMENT AND CASE MANAGEMENT**

**OBSERVATION:** Reviews of written documentation, case record reviews, and interviews indicate that the overall FAP assessments and case management comply with requirements and meet the needs of service members, family members, and commands. The SOP is comprehensive and well organized and specifically addresses all required areas. The CRC minutes indicate that cases are handled by the CRC in compliance with policies and procedures. Interviews with FFSC staff members indicate detailed knowledge of policies, procedures, and roles. Case record reviews indicate overall excellent compliance with requirements as well as a thorough and timely response to cases. However, there are three specific areas in records documentation that require action. The FFSC has already initiated steps to address these areas.

### **ACTION REQUIRED:**

- (1) On the case record labels, enter all required data.
- (2) On the Rating Rationale (Findings form), include a description of how risk factors and protective factors interact to determine the likelihood of future abuse, level of severity if abuse recurs, and overall level of risk.
- (3) On the Intervention Plan, include the targeted risk factors and the behavioral objectives of the recommended modalities.

### **EVIDENCE OF COMPLIANCE:**

Compliance will be verified by completed copies of record labels, findings forms, and intervention plan forms that address the actions required. Forms should be submitted to PERS-660 via the chain of command (identifying data should be deleted prior to submission). A minimum of one record label, completed findings form and completed intervention plan form should be submitted per clinician.

## **STANDARD 2.9 FAP INTERVIEWS**

**OBSERVATION:** Reviews of written documentation, case record reviews, and interviews indicate that the FAP interviews comply with standards. The SOP is comprehensive and well organized and specifically addresses all required areas. Case record reviews indicate FAP interviews were timely and thorough, responsive to the needs of clients and commands, and cognizant of the applicable rights of victims and alleged offenders. Interviews indicate detailed knowledge of policies, procedures, and community resources as well as collaboration with military and civilian agencies typically involved in FAP cases.

**ACTION REQUIRED:** None

## **STANDARD 2.10 VICTIM ADVOCACY**

**OBSERVATIONS:** Performance is IAW standard. FFSC FAR and/or FAS provide required services for safety planning, arranging for counseling services and referral to community resources for victims and witnesses. FFSC does not have a VSS position.

**ACTION REQUIRED:** None

## **CAPABILITY 3: CAREER SUPPORT/RETENTION**

### **STANDARD 3.1 RELOCATION ASSISTANCE PROGRAM (RAP)**

**OBSERVATION:** FFSP has a convenient and comfortable space for customers to review relocation information with an appropriate selection of resource materials available. Staff is cross-trained to assist customers and are knowledgeable about relocation issues. The Loan Closet is well maintained and convenient with a good process in place for distribution and collection of items. Active marketing to commands and new arrivals is evident. There is excellent documentation for all relocation programs. Transition Relocation Assistance Coordinating Committee (TRACC) minutes indicates regular meetings.

**ACTION REQUIRED:** None.



### **STANDARD 3.2 TRANSITION ASSISTANCE MANAGEMENT (TAMP)**

**OBSERVATION:** The FFSP TAMP program complies with standards. All program components are documented in Standard Operating Procedures (SOPs). TRACC minutes indicate the committee is very active. The FFSP Employment Resource Center provides customers with an array of resources to include career search engines, websites and printed materials. Customer evaluations indicated the TAMP program is well attended and received at the commands.

**ACTION REQUIRED:** None.

### **STANDARD 3.3 SPOUSE EMPLOYMENT ASSISTANCE PROGRAM (SEAP)**

**OBSERVATION:** Interviewed staff and reviewed the SOP, client files, lesson topic guides, training schedules and program handouts. The SEAP is well used as evidenced by the QOLMISNET statistical reports. Staff is knowledgeable of the unique challenges of military spouses and makes excellent use of local, military and civilian resources coordinating with local community resources to include the Chamber of Commerce, private, public and governmental agencies to market the program resulting in jobs for military spouses. The FFSP maintains accurate resources information regarding licensing/credentialing information and volunteer/educational opportunities.

**ACTION REQUIRED:** None.

### **STANDARD 3.4 PERSONAL FINANCIAL MANAGEMENT PROGRAM (PFM)**

**OBSERVATION:** SOPs are in place for all programs and case management procedures are in compliance with the standard. Appropriate staff is CFS trained. Staff is cross-trained and is able to cover all aspects of the program during staff turnover. Programs are regularly evaluated and are part of the Programs Committee. Customer feedback is incorporated into process improvement. Cases reviewed indicated administrative reviews were conducted, and record keeping is appropriate. This FFSP is a designated Command Financial Specialist (CFS) Training site. The training records indicate that the Financial Educator completed the CFS Train the Trainer course.

**ACTION REQUIRED:** None.

## **CAPABILITY 4: PROGRAM MANAGEMENT**

### **STANDARD 4.1 PERSONNEL MANAGEMENT**

**OBSERVATION:** Interviews with management and documentation review indicates excellent follow-up with HRO on personnel actions; overtime is not authorized and work schedules are adjusted to minimize comp time; and current staffing is adequate to meet requirements. Training records indicate required training and background checks are complete and conflict of interest statements are signed. FFSP provides excellent support of the Retired Activities Program. A volunteer program coordinator has been designated and documentation indicated excellent management including assignment, supervision, recognition, and tracking and reporting of volunteer hours. No interns are currently on-board but the command has an MOU with the University of \_\_\_\_\_, Department of Social Work.

**ACTION REQUIRED:** None

### **STANDARD 4.2 FINANCIAL MANAGEMENT**

**OBSERVATION:** Interviews with management and review of documentation indicate they fully participate in the budget and procurement processes and as a result, receive excellent funding support from the chain of command.

**ACTION REQUIRED:** None.

### **STANDARD 4.3 MARKETING**

**OBSERVATION:** The FFSP marketing plan complies with the standards. Marketing materials to include program brochures, flyers, and pamphlets that are attractive and engaging to the reader. The FFSP public relations campaign is aggressive and maximizes all available communication challenges to include the base newspaper, close circuit TV, community newspapers, POD/POW, message traffic and newsletters. An active Command Outreach Program demonstrated by written documentation. Focus group reported receipt of timely information via newsletter, email and use of Navy Cable TV.

**ACTION REQUIRED:** None

#### **STANDARD 4.4 FACILITY AND EQUIPMENT MANAGEMENT**

**OBSERVATION (FAP):** FAP offices and common spaces are well maintained and free of safety problems. Private offices are available and the staff takes obvious pride in making the spaces cheerful. Office equipment and furniture is sufficient. A handicap ramp is available. Restrooms on the first floor are not handicap accessible. Safety inspection dated \_\_\_\_\_ identified need for smoke detectors and fire sprinkler system throughout the building. Work has begun on smoke detectors, but sprinklers have not been installed and fire pulls are missing in front offices

**Actions Required:**

- (1) Develop plan of action for handicap accessible restrooms on first floor.
- (2) Develop plan of action to bring into safety compliance.

**EVIDENCE OF COMPLIANCE:**

Compliance will be verified by submission of POA&Ms.

#### **STANDARD 4.5 CONTRACT MANAGEMENT**

**OBSERVATION:** The only contract at FFSC is an ISSOT contract for a summer hire position. FFSC staff member is the Customer Representative to the base Contract Technical Assistant. ISSOT contract handled by Contract Officer in Philadelphia. Contract is working well to obtain services of a temporary staff member.

**ACTION REQUIRED:** None

#### **STANDARD 4.6 QUALITY ASSURANCE (QA)**

**OBSERVATION:** FFSC demonstrated an outstanding QA plan (via SOP) and process (via interviews and supporting logs and documentation). Clinical staff review the required 10% of open cases and 5% of closed cases for the quarter. Clinical staff demonstrate sophisticated and consistent process for case security and confidentiality. Security and confidentiality processes and protocols are included in all clinical staff orientations and training programs.

**ACTION REQUIRED:** None.

## **STANDARD 4.7 DATA COLLECTION AND REPORTS**

**OBSERVATION:** Performance is IAW with standard. FFSC is using QOLMISNET/CMS for data collection and record management. All required reports are submitted on time. FFSC has developed a fully automated evaluation form that provides an impressive management tool. Reports are thorough and meet all requirements.

**ACTION REQUIRED:** None

## **STANDARD 4.8 PRIVACY ACT PROVISIONS**

**OBSERVATION:** Interviews with staff indicate they are aware of Privacy Act requirements and adhere to the provisions. Privacy Act forms are signed, filed correctly, and the PRP status was documented in all required files. SOP reviews indicate written requirements when appropriate.

**ACTION REQUIRED:** None.

## **STANDARD 4.9 COMMUNITY PARTNERSHIPS**

**OBSERVATION:** The FFSP develops and maintains a cooperative and collaborative relationship with local and military agencies.

**ACTION REQUIRED:** None.

## FFSP ACCREDITATION TEAM MEMBERS - SIGNATURE PAGE

(Date)  
(Location)

All Team Members Sign And Fax To Pers-660 Immediately After The Visit  
Mail The Original.

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Name (Team Leader)

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Title

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Name

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Title

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Name

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Title

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Name

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Title

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## FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

### Tab D

#### Samples of Official Correspondence Related to Accreditation

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##### **TAB D CONTENTS**

This sections contains examples of the types of official correspondence related to the accreditation process including:

- Sample PERS-6 letter to site announcing the accreditation visit
  - Sample PERS-6 letter forwarding the Team's report
  - Sample PERS-6 decision letter
  - Sample claimant congratulatory letter
-

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**Sample Announcement Letter (Pre-Site Visit)**

1754  
Ser 660  
(Date)

From: Director, Fleet and Family Support Division (PERS-66)

To: \_\_\_\_\_

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION  
REVIEW

Ref: (a) SECNAVINST 1754.1A

Encl: (1) ACCREDITATION TEAM MEMBERS FOR \_\_\_\_\_

1. Thank you for volunteering as an FY-03 FFSP Accreditation site. Your accreditation visit is scheduled for \_\_\_\_\_. The accreditation review meets the requirement in reference (a) for a triennial inspection. The review will include the Family Advocacy Program and will be conducted by Accreditation Team members who are experienced FFSP professionals trained on the revised standards and criteria that will be used to determine compliance. The proposed team members are listed in enclosure (1).

2. The review will consist of a review of written documentation, direct observations, interviews with various staff members, and focus groups with ombudsman and senior enlisted personnel. The standards are based industry practice and if deficiencies are identified, the team will identify the actions required to meet the standard. The revised process eliminates all scoring and grades. A report of the findings will be left with the region to be followed up by the official letter forwarding the report. The region will then have ninety days to correct deficiencies, or reclama the findings through the chain of command prior to the accreditation decision.

## FFSP Accreditation Team Management Guide

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Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION  
REVIEW

3. The review will include an in-brief and out-brief with you and/or your staff and the team will keep your staff informed of any issues on a daily basis. As Team Leader \_\_\_\_\_ will coordinate directly with my office and \_\_\_\_\_ in regards to logistics, schedules, and other information that will be required in advance. My point of contact is Ms. Brenda Holbrook, PERS-660QA at 901-874-4326.

4. I believe that compliance with the revised standards will demonstrate that FFSP services are responsive to Sailors and their families and your staff will set a great example for future accreditation reviews.

(NAME)  
(Title)

Copy to:  
Claimant  
Regional Commanders  
Team Leader

**ACCREDITATION TEAM MEMBERS  
FOR  
(Name of Installation)**

**Team Leader:**      Name: \_\_\_\_\_  
                                 Title: \_\_\_\_\_  
                                 Location: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_

**Team Members:**      Name: \_\_\_\_\_  
                                 Title: \_\_\_\_\_  
                                 Location: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_

**Observers:**              Name: \_\_\_\_\_  
**(if applicable)**            Title: \_\_\_\_\_  
                                 Location: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_

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## Sample Letter to Site Forwarding the Team's Report

From: Commander, Naval Personnel Command  
To: Commanding Officer or Regional Commander

Subj: FLEET AND FAMILY SUPPORT PROGRAM ACCREDITATION

Ref: (a) SECNAVINST 1754.1A

Encl: (1) FFSP Preliminary Accreditation Report  
(2) FFSP Accreditation Standards

1. Enclosure (1) is the preliminary accreditation report submitted by \_\_\_\_\_, Accreditation Team Leader, on FFSP \_\_\_\_\_, resulting from an on-site review conducted \_\_\_\_\_. FFSP professionals from installation, regional, and claimant levels conducted the review.

2. The team reviewed program compliance with 29 program standards described in enclosure (2). Compliance was determined by a review of written documentation and clinical client records, interviews with FFSC staff, other command personnel, and a focus group with senior leadership, ombudsmen, and chaplains.

3. [Use appropriate wording here to describe overall results of the visit. Review results were positive. It is obvious the staff takes pride in their jobs and was well prepared for this accreditation review. Focus group(s) indicated they are satisfied with the responsiveness and support, and proactive efforts of the FFSP staff.] (Note here any specific programs that are exceptional good.)

4. There are some review items, which were not in compliance with standards, requiring follow-up action before accreditation can be conferred. Actions required are outlined in enclosure (1).

5. Please provide a Plan of Action and Milestones (POA&M) to Navy Personnel Command (PERS-660) for accomplishing required action(s). The command has ninety days upon receipt of this report to submit documentation to PERS-660 via the chain of

## FFSP Accreditation Team Management Guide

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Subj: FLEET AND FAMILY SUPPORT PROGRAM ACCREDITATION

command that corrective action to meet the standards has been taken, or to reclama a finding. (Include following sentence only if team determined follow-on review is needed: A follow-on review for Standards x,x,x, will be conducted by (claimant or region rep) who will also validate corrective action has been taken.) An accreditation review per reference (a) will be made. If approved, a certificate valid for three years will be forwarded.

6. We appreciate your willingness to pursue accreditation and thank your FFSP staff for their superb hospitality and support shown to the team during their visit. My point of contact is Brenda Holbrook (PERS-660QA1) at 901-874-4326.

PERS-6

Copy to:  
Claimant Program Manager  
Regional Program Manager  
Team Leader

## Sample PERS-6 Decision Letter

1754  
Ser 660  
(Date)

From: Assistant Commander, Navy Personnel Command, Personal  
Readiness and Community Support (PERS-6)  
To: Commanding Officer (or Commander, Navy Region \_\_\_\_\_)  
Via: (Claimant and Code)

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) \_\_\_\_\_  
ACCREDITATION

Encl: (1) Accreditation Certificate(s)

1. I am pleased to inform you that FFSP \_\_\_\_\_ has successfully met the high standards of performance established by the Navy for accreditation. Based on the review of documentation submitted by the regional FFSP program manager and claimant reviewer, all actions pending from the original visit have been met. This concludes the accreditation review for \_\_\_\_\_.

2. To earn this achievement requires a high degree of dedication, professionalism, clinical, and managerial expertise. Accreditation is public recognition of FFSC \_\_\_\_\_'s commitment to service at or above nationally recognized standards. It also means FFSC staff have met stringent competency requirements. The staff is to be commended for an impressive performance on all standards as noted in the original report.

3. Enclosure (1) provides Certificates of Accreditation awarded for a period of 36 months effective through \_\_\_\_\_. Due to the very positive impact this award should have on the individuals and families served by FFSC \_\_\_\_\_, we encourage the widest possible publicity and dissemination of this achievement.

Copy to: (w/o encls)  
Commander Naval Installations  
Team Leader

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### Sample Claimant Endorsement

1754  
Ser  
(Date)

FIRST ENDORSEMENT on COMNAVPERSCOM Ltr 1754 Ser \_\_of (date)

From: Claimant  
To: Commanding Officer (if applicable)  
Via: Regional Commander

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) \_\_\_\_\_  
ACCREDITATION

1. Forwarded with pleasure.
2. This distinctive honor reflects your FFSP staff's exceptional way of doing business and the highest quality of service received by your customers. Throughout the accreditation visit, there were many examples of your staff's professional dedication, program, clinical, and managerial expertise. The award symbolizes a long-term commitment, so vital to supporting core values, mission readiness and retention throughout the Navy.
3. Thank you for a job "WELL DONE!"

Copy to: (w/o encls)  
Commander Naval Installations  
PERS-6  
Team Leader

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